

**JEFFERSON CITY DEPARTMENT OF PARKS, RECREATION & FORESTRY
REGISTRATION/INDEMNIFICATION FORM FOR
Youth Summer Volleyball 2016**

"PLEASE COMPLETE AND RETURN TO YOUR TEAM COACH"

Participant Name (Last, First, Middle):		
Participant's grade (current):		
Participant's Date of Birth: ____ / ____ / ____		
Are you interested in being an assistant coach for your child's team?		Yes or No
Parent(s) Name:		
Address (Street, City, Zip code):		
Phone Numbers:	Day:	Evening:
E-mail:		

Games will begin in late May/early June. Practices will be held at the discretion of your coaches with only one mandatory practice allowed per week. Practice facilities are not provided by Parks and Recreation. Depending upon the location that your coach can secure practice time, you may have to help with the cost of the rental.

INDEMNIFICATION BY GUARDIAN OF PARTICIPANT

The undersigned guardian of _____ agrees to save and indemnify the Department of Parks, Recreation and Forestry and its personnel, coaches and the sponsor of the youth sport team against any and all liability, claims, judgments, or demands for damages arising as a result of injuries sustained while participating in Parks and Recreation programs. The undersigned guardians further acknowledge the inherent risks of participation in sports and recognize that injuries, some serious, can and do occur as a result of such participation.

TREATMENT AUTHORIZATION

The undersigned guardian(s) certify that _____ is free from communicable diseases and fit for full participation in sports. The undersigned guardian(s) hereby grant consent for all medical care prescribed by a duly licensed physician for the participant. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of the participant.

Physician:	
Phone Number:	
Hospital Preference:	

EMERGENCY CONTACT PERSON

In the event that you are unable to be reached in an emergency, who would you like the coaching staff or hospital to contact?

Name:	
Relation to participant:	
Phone number:	

RECOGNIZED MEDICAL CONDITIONS

Does your child have any medical conditions that the coaching staff should know about (allergies, asthma, cardiovascular deficiency, is he/she allergic to any medications, is he/she using any medications that may affect performance)?

As the parent/guardian of the participant, I understand that physical contact which may result in injury could occur while participating in the youth volleyball program.

Signature of parent or guardian:	Date:
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"THANK YOU FOR TAKING TIME TO HELP US INSURE YOUR CHILD'S SAFETY!"

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