



2017-18 Participant Contract

Family Information

Parent/Guardian: _____
Last First

Address: _____
Street City State Zip

Phone: _____

Email Address: _____

Residency: Brighton Twp Green Oak Twp City of Brighton Genoa Twp Other: _____

Information - 1st Child

Participant Information: _____ Birthdate: _____ M / F
First Last

Program(s) 1.) _____ 2.) _____ School: _____ Grade: _____

T-Shirt Size
YXS YS YM YL AS AM AL AXL

<i>Medical Issues</i>

Information - 2nd Child

Participant Information: _____ Birthdate: _____ M / F
First Last

Program(s) 1.) _____ 2.) _____ School: _____ Grade: _____

T-Shirt Size
YXS YS YM YL AS AM AL AXL

<i>Medical Issues</i>

<i>STAFF Notes:</i>



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ARE YOU INTERESTED IN COACHING?

Yes, I will Head Coach _____

Yes, I will Assistant with Coach _____

Have You Coached with SELCRA previously? Yes _____ No _____

A Background Check is Required.

Best Phone: _____ Email: _____

PRACTICE DAYS: We will make every effort to accommodate requests, but we cannot guarantee them.

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

CARPOOL REQUEST: 1 person please

PARTICIPANT(S) WAIVER:

In consideration of being allowed to participate in any way with the Southeastern Livingston County Recreation Authority sports programs, related events and activities, the undersigned acknowledges, appreciates and agrees that:

- 1) The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist: and,
- 2) I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for myself// my childs participation; and,
- 3) I willingly agree to comply with the stated and customary terms and conditions for myself/my child(s) participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
- 4) I, for myself/my child(s) on behalf of my heirs, assigns, personal representatives and next of kin, HERBY RELEASE AND HOLD HARMLESS SOUTHEASTERN LIVINGSTON COUNTY RECREATION AUTHORITY their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES Or otherwise, to the fullest extent permitted by law; and,
- 5) My personal insurance will cover all medical costs for any injury incurred by myself/my child; and,
- 6) In consideration of participation in SELCRA, the undersigned agrees that their likeness, or the likeness of their child/ward, may be photographed or videotaped and that such image may be published in an outlet used to promote or publicize SELCRA; and,
- 7) I hereby grant consent to any and all health care providers designated by SELCRA to provide myself/my child(s) necessary medical care as a result of any injury/illness. This consent includes First Aid and transportation to/from health care providers.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

This is to certify that I, as a participant or the parent/guardian of a participant with legal responsibility for above participant(s), do consent and agree to his/her release as provided above of all Releasees, and for myself/my child(s), heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to myself/ my minor child's involvement or participation in these programs as listed above.

X: _____ Date Signed: _____

Date Processed: _____ Amount Paid: _____ Cash/Charge/Check #: _____ Staff Initial: _____