

# LAVISTA RECREATION DEPARTMENT

## 4/5 Soccer Academy & 6/7 Year Old Soccer League

### PARENTAL CONSENT FORM

This form must be filled out and signed by a parent/guardian before the child's registration form will be accepted.

**\*Please make checks payable to The La Vista Recreation Department\***

Participant's Name \_\_\_\_\_ Division \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

M/F \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

T-Shirt size (circle one)    Youth small 6/8    Youth medium 10/12    Youth large 14/16

Adult small    Adult medium    Adult X large

Name of School \_\_\_\_\_ Grade During Season \_\_\_\_\_

Parent/Guardians Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone: \_\_\_\_\_ Other: \_\_\_\_\_

Email \_\_\_\_\_

Please indicate another person to contact in the event of an emergency (if we are unable to reach you).

Name \_\_\_\_\_ Phone \_\_\_\_\_

THE ACTIVITIES FOR YOUTH, SPONSORED BY THE LAVISTA RECREATION DEPARTMENT ARE HIGHLY DEPENDENT UPON THE VOLUNTARY SERVICES OF MANY ADULTS. PLEASE CHECK THE CATEGORIES THAT YOU FEEL YOU WOULD BE INTERESTED IN BEING OF SERVICE.

COACH:                    \_\_\_\_\_(MOTHER)    \_\_\_\_\_(FATHER)

ASST. COACH:           \_\_\_\_\_(MOTHER    \_\_\_\_\_(FATHER)

Does the youth have any physical/mental ailments or impairment? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Precautions or symptoms: \_\_\_\_\_

#### WAIVER AND RELEASE

I hereby, acting for myself, and my child, a minor of whom I am the parent and/or guardian agree to make no claims against the City of La Vista, its officers, employees, or anyone acting on its behalf and hereby release and waive any claim for loss, damage, or injury to any property, or person resulting from any cause, including negligence by the City of La Vista or any officer, employee, or person acting on its behalf, arising from any activity sponsored by the City of La Vista. I understand that the City carries no medical insurance covering any injuries which might be sustained in connection with the program and acknowledge that we do carry medical insurance providing such coverage.

Parents/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_