

**LANSING YOUTH SPORTS REGISTRATION FORM**  
**2017 Football**

**Office Use Only:**  
Payment Type: C CK CC  
Date Rec: \_\_\_\_\_  
Initials: \_\_\_\_\_  
L.O./Date: \_\_\_\_\_  
Flag 3-4 Tackle 5-6 Tackle

**Child's Information:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Gender: \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ USD 469 Resident \_\_\_\_\_  
(Lansing)

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Email Address: \_\_\_\_\_

Child's Height: \_\_\_\_\_ Child's Weight: \_\_\_\_\_

**Child's experience level, (circle one):** **Beginner** **Intermediate** **Advanced**

**Circle a T-Shirt Size: Lansing Parks & Recreation is only responsible for one (1) t-shirt per child. Additional t-shirts (i.e. wrong size ordered) will be purchased at the expense of the parent/legal guardian.**

Youth Small Youth Medium Youth Large Adult Small Adult Medium Adult Large Adult X-Large

Father's Name: \_\_\_\_\_ Would like to Coach

Mother's Name: \_\_\_\_\_ Would like to Coach

**\*\*Checking the above box does not guarantee a coaching position\*\***

Special Request/Preferences: \_\_\_\_\_  
(These are **not** guaranteed)

**IMAGE RELEASE**

In consideration of participation in the City of Lansing youth sports, 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 the youth sports program.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date Signed

**CITY OF LANSING**  
**RELEASE OF LIABILITY & AGREEMENT TO INDEMNIFY**

For myself and/or on behalf of any minor child and/or dependent of mine identified below (individually and collectively referred to herein as "Participant"), I acknowledge and accept: (a) that participation in the Activities is voluntary; (b) that I am aware, and am fully satisfied with my understanding, of the nature of the Activities, the abilities and limitations of any Participant with respect to the Activities, and the nature of the involvement of Participant in the Activities, and (c) that there is an inherent risk that injuries, damages and even death may occur as a result of participation in the Activities.

Nevertheless, in consideration of the City of Lansing's authorization and/or grant of permission concerning the Activities, I, for myself, and/or any other Participant, and all related heirs, executors, administrators and assigns, and any other person or entity claiming by or through the rights of any Participant, including me, forever release, discharge and hold harmless the City of Lansing, its elected officials, and any of its employees and agents (individually and collectively referred to herein as the "City of Lansing Released Parties") from any and all claims, demands, and causes of action, including without limitation those for personal or bodily injury or death, based on, arising out of, or related to participation in the Activities.

In addition, I also agree to supervise any minor child and/or dependent of mine identified below and withdraw him/her from participation if he/she is unfit to participate in the Activities or if I observe any actual or impending danger to his/her health or other well-being, and I agree to indemnify and hold the City of Lansing Released Parties harmless from all liability, costs and damages, including attorney fees, if I fail to supervise him/her and/or fail to withdraw him/her from participation in the Activities and/or if any Participant, including me, asserts a claim, demand, and/or cause of action released above.

*I have read, fully understand, and voluntarily agree to the foregoing.*

\_\_\_\_\_  
*Participant Name*

\_\_\_\_\_  
*Signature of Participant (or of Parent/Legal  
Guardian if Minor Participant)*

Date: \_\_\_\_\_

**INJURY NOTIFICATION POLICY:**

If my child has been or becomes diagnosed with a condition that prohibits them from participating in (*activity*) I will inform the Parks and Recreation office and understand that my child will not be allowed to participate in said activity until a full medical release is provided by a physician. \_\_\_\_\_

Initials