

Bel Aire Recreation — Registration and Waiver Form

Participant Name _____ M / F Birthdate: _____ Age: _____

Program _____ Bel Aire Resident: Yes / No Grade: _____

Address _____ City _____ Zip _____

Main Contact _____ Cell Phone _____

Second Contact _____ Cell Phone _____

E-mail Address _____

Request 1; _____ Request 2; _____ *Only two requests per participant. Requests may be reassigned to ensure parity in the program. There will be no hand-picked teams; players will be distributed as evenly as possible.*

Sport use only can NOT practice on:
 Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

<u>PARENTAL SUPPORT</u>	<u>Please Read and Sign the Waiver for Participation</u>	<u>Office Use Only</u>
We ask for active participation of all parents in our program. Please check areas in which you would be willing to help. _____ Coach <i>criminal background check and coaches meeting required</i> _____ Other _____	In consideration of your accepting this entry, I hereby, for myself, my child, my heirs, executors, and administrators, waive and release any and all rights and claims for damages my child or I may have against the City of Bel Aire and its representatives, successors, and assigns for any and all injuries suffered by myself or my family at any activities sponsored by these groups. I also agree to abide by the Bel Aire Recreation Parents' Code of Conduct and to allow Bel Aire Recreation to use any photos of myself or my children taken during programs for promotional use. <p style="text-align: center;">Parent or Legal Guardian must sign for children under 18.</p> Signed: _____ Date: _____	Receipt # _____ Received By _____ Fee Paid _____ Date _____ Cash ___ Check # _____