JEFFERSON PARK AND RECREATION DISTRICT

Sport/Activity Registration	Receipt #	
SPORTTEAM	Coach	
Name	School Grade	
Address	Phone A	Age
Sex M F Birthdate	Parents	
IN CASE OF EMERGENCY (other than parents) Call	Phone	
Physician	Medications	
Allergies, other medical or physical restrictions?		
Pare I hereby register my child for participation in the activities sponsored thas no physical or mental condition which would make it dangerous for	Parent or Guardian Approval I hereby register my child for participation in the activities sponsored by the Jefferson Park and Recreation District. The child I am registering is in good health and has no physical or mental condition which would make it dangerous for the child or for other participants, if my child is involved in any of the sponsored activities.	n good health and onsored activities.
I realize that certain aspects of the program are quite strenuous and that there is a risk of serious physical injury or deatl participation in this program. Such risks include, but are not limited to cuts, bruises, broken bones, paralysis and death, consent to my child's participation and hereby release the Jefferson Park and Recreation District, Jefferson School Distrolland volunteers and sponsors from any and all claims in connection with my child's participation.	I realize that certain aspects of the program are quite strenuous and that there is a risk of serious physical injury or death to my child as a result of his/her participation in this program. Such risks include, but are not limited to cuts, bruises, broken bones, paralysis and death. Being aware of such risks, I nevertheless consent to my child's participation and hereby release the Jefferson Park and Recreation District, Jefferson School District, its employees, agents, director, volunteers and sponsors from any and all claims in connection with my child's participation.	his/her , I nevertheless director,
I hereby give permission to the medical personnel selected by the Jeffe volunteers or sponsors to provide or order emergency treatment for my obligate the Jefferson Park and Recreation District, Jefferson School D may be directed by medical personnel.	I hereby give permission to the medical personnel selected by the Jefferson Park and Recreation District, Jefferson School District, its employees, agents, directors, volunteers or sponsors to provide or order emergency treatment for my child in the event I cannot be reached in an emergency. However, my permission does not obligate the Jefferson Park and Recreation District, Jefferson School District, it employees, agents, directors, volunteers or sponsors to arrange such care except as may be directed by medical personnel.	, agents, directors, nission does not ch care except as
I further give permission to use the above named for pictures and video, which may be used in the Districts publicity.	o, which may be used in the Districts publicity.	
Jefferson Park and Recreation District does not sanction or approve of	Jefferson Park and Recreation District does not sanction or approve of District volunteers participating with youth members outside the control of the District staff T_SHIRT SIZE	the District staff. T SIZE
Signed	Youth S N	M L XL
Email Address	Adult S M L XL	M L XL