



# YOUTH SPORT REGISTRATION & WAIVER FORM

Participants age, abilities and understanding of the game are all a consideration when placing them on a team.

REGISTRATION INFORMATION

Sport (circle): **Soccer**    **Basketball**    **Softball**    **Baseball**    **Other**    Cal-Ripken Parent Acct #: \_\_\_\_\_  
Cal-Ripken Order #: \_\_\_\_\_

*(age groups subject to change or adjustment due to enrollement and skill level)*

Participant's Name \_\_\_\_\_ Gender \_\_\_\_\_

Address - Mailing & Physical \_\_\_\_\_

Phone \_\_\_\_\_ Childs Email (opt): \_\_\_\_\_

Age \_\_\_\_\_ D.O.B. \_\_\_\_\_ School \_\_\_\_\_ Grade   

T-shirt/Uniform Size    YS (5-6)    YM (7-8)    YL (10-12)    AM    AL    AXL

(T-shirts: YS run very small    Uniforms: exact size not guaranteed - available sizes vary per league/sport.)

~ All participants are **REQUIRED** to bring (when applicable): glove, wear sneakers/cleates, comfortable clothes and a water bottle ~

**Hold Harmless Agreement**

By signing below, I understand that the participant, or participant's guardian if participant is under 18, shall indemnify, hold harmless and defend the Town of Solon and it's elected officials, employees, agents, volunteers and any co-sponsor of this activity (collectively, "Committee"), against all liability (including without limitation court costs and attorney's fees), claims, losses, demands or actions for injury to or death of any person(s), or damage to property relating to or arising from his or her participation in the activity designated in this notice. The Committee has no medical insurance for participants, and any injury to, or caused by, the participant will be the participant's sole and exclusive responsibility. The participant, or participant's guardian if actual participant is under 18, acknowledges that the Committee reserves there right to photograph participant during the activity designated in this notice for future publicity or promotional use only.

I have read and agree with this release: \_\_\_\_\_

Signature of Participant or Parent if under age 18) Date

## VOLUNTEER COACHES ARE ALWAYS NEEDED

**Without parent or community voluteers, we will be unable to provide recreational sports or activities.** Please contact the Town Office at (207) 643-2812 to discuss what you can do to make this year of GREAT SPORTS SEASONS FOR ALL AGES!

EMERGENCY INFORMATION

Parent/Step-Parent/Guardian or \_\_\_\_\_ *Email:* \_\_\_\_\_

Father (circle one)    (home #) \_\_\_\_\_ (cell #) \_\_\_\_\_ (work #) \_\_\_\_\_

Parent/Step-Parent/Guardian or \_\_\_\_\_ *Email:* \_\_\_\_\_

Mother (circle one)    (home #) \_\_\_\_\_ (cell #) \_\_\_\_\_ (work #) \_\_\_\_\_

Other emergency contacts: \_\_\_\_\_

List of allergies, dietary restrictions, medications, etc. (or indicate NONE) \_\_\_\_\_

I hereby authorize the Solon Community Recreation Department volunteers to provide simple first aid care to said child. If a situation arises whereas emergency services need to be called, the above-listed parents or alternates will be contacted to get authorization for further care. Parent Initials    Date

Parents Code of Ethics

I HAVE READ AND UNDERSTAND the "Parents Code of Ethics" (see back). These statements are to make parents/adults aware that this program is for the children who participate in it. Not only do we expect the children to show attention, dedication, respect and sportsmanship while on the field/court, we expect the same from the parents and community members in the bleachers or on the sidelines. (Copy available at [www.solon.maine.gov](http://www.solon.maine.gov)).

Parent(s) Initials \_\_\_\_\_  
Parent(s) Initials \_\_\_\_\_