

CITY OF LIVE OAK PARKS & RECREATION DEPARTMENT

Registration & Participation Waiver Form

DEADLINE IS MARCH 20TH

Program: **L.O Youth 7vs7 Spring League**

(Special requests for a specific team, friends, car pools, or conflict due to practice & game times are not allowed)

More information on reverse side of application

1st Participant: _____ **Birth Date:** _____ **Gender:** (M) (F) **Current Age:** _____

Shirt Size: Y(S) (M) (L) (XL) A (S) (M) (L) (XL) (XXL)

STAFF USE ONLY: Division: 10U 12U 14U

2nd Participant: _____ **Birth Date:** _____ **Gender:** (M) (F) **Current Age:** _____

Shirt Size: Y(S) (M) (L) (XL) A (S) (M) (L) (XL) (XXL)

STAFF USE ONLY: Division: 10U 12U 14U

3rd Participant: _____ **Birth Date:** _____ **Gender:** (M) (F) **Current Age:** _____

Shirt Size: Y(S) (M) (L) (XL) A (S) (M) (L) (XL) (XXL)

STAFF USE ONLY: Division: 10U 12U 14U

Must Complete Live Scan to Coach

Name of Child Coaching: _____

Coach Name _____ **Phone#:** _____ **Shirt Size:** Y (S) (M) (L) (XL) A (S) (M) (L) (XL) (XXL)

Guardian: _____ **Primary Cell #:** _____ **Cell#2:** _____

Address: _____ **City:** _____ **Zip:** _____

Complete emergency information on who to contact immediately if parent/guardian cannot be reached.

Name _____ **Phone** _____

Please list any special needs due to a physical or mental disability _____

CITY OF LIVE OAK

PARTICIPANT'S WAIVER, RELEASE, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

In consideration of the acceptance of my application for entry into the above event, I hereby waive, release and discharge any and all claims for damages for death, personal injury or property damage which I may have, or which hereafter accrue to me, against the City of Live Oak as a result of my participation in the event. This release is intended to discharge the City of Live Oak, its officers, officials, employees and volunteers, any other involved municipalities or public agencies from and against any and all liability arising out of or connected in any way with my participation in the event, even though that liability may arise out of the negligence or carelessness on the part of persons or entities mentioned above. I further understand that accidents and injuries can arise out of the event; knowing the risks, nevertheless, I hereby agree to assume those risks and release and to hold harmless all of the persons or agencies mentioned above who, through negligence or carelessness, might otherwise be liable to me or my heirs and assigns for damages. It is further understood and agreed that this waiver, release and assumption of risk to be binding on my heirs and assigns. Live Oak Parks and Recreation Department reserves the right to photograph facilities, activities and program participants for potential future use. All photos remain the property of Live Oak Parks and Recreation and may be used for publicity and promotional services.

I, as the parent or guardian of the participant, acknowledge that I have read this Waiver, Release, Assumption of Risk and Indemnity Agreement and sign it on behalf of the participant with full knowledge and understanding of its contents.

Date _____ **Signature of Parent/Guardian** _____

Print Name of Parent/Guardian _____

CONSENT TO MEDICAL TREATMENT OF MINOR:

I hereby give my consent to have the above applicant treated by a physician or surgeon in case of sudden illness or injury while participating in the above event. It is understood that the City of Live Oak provides no medical insurance for such treatment, and that the cost thereof will be at my expense. If a personal physician is listed below, every effort will be made to contact such physician. However, the location of the activity or the nature of the illness or injury may require the use of emergency medical personnel.

Name of Personal Physician _____ **Doctor's Phone Number** _____

Signature of Parent/Guardian _____

Receipt #: _____

Amount: _____

Date: _____

Please return this form with payment to:

Live Oak Parks and Recreation Department

9955 Live Oak Blvd

Live Oak, CA 95953

Phone # 530-695-2112

CODE: 10.4214

Request Rules

TEAM ASSIGNMENTS:

ALL PLAYERS ARE ASSIGNED BY RANDOM DRAW. *Special requests for a specific team, friends, car pools, or conflict due to practice times or location, are not allowed, with the exception of siblings.* This policy has been determined by the Parks and Recreation Department as the most efficient way to manage team placement of children participating in our programs.

PRACTICE:

Teams are required to have at least one practice per week and no more than two per week. Practice times are determined by the Coach. ***Players WILL NOT be transferred to another team due to a conflict over practice. Practice times are the decision of the coach and are scheduled according to the coach's availability.***

COACH CONTACT:

Coaches will begin contacting their players after the City has provided them with their team roster and practice equipment.

If you have not heard from a coach 2 weeks prior to the first game, contact City Hall at 530-695-2112.

REFUNDS:

All refunds are assessed a \$15.00 Fee and must be approved by the Parks and Recreation Director. Approved refunds are processed AFTER the 2nd game.

Late Registration (After Deadline)

There are no late sign-ups, if you miss the deadline you will be put on a waitlist. There is no guarantee that your child will be put on a team if you miss the deadline!