

**Arlington Recreation Council
Youth Sports Participation Form
For residents of Arlington School District**

First	Last	
Address		
City	Zip	Phone
Birth date	Grade	Sex
Family Dr.	Phone	Hospital
Does this participant have any physical handicaps?	Yes/No	If yes, please describe

Please note: No participant will be permitted to practice or play until all fees are paid and this form is filled out completely and returned during the sign-up period. All paid fees are non-refundable.

CONSENT WAIVER

I/WE the parents of (name) _____ give my/our consent and approval to participate in the Arlington Rec Council's youth sports programs. I/WE assume all risks and hazards incident to the conduct of such activities including transportation to and from events. By signing this consent I/WE release, absolve and hold harmless the officers, coaches, organizers and sponsors of the Arlington Rec Council's youth sports activities from any and all liability for any injury to the above named participant and I/WE waive all claims against of any kind. I/WE the undersigned hereby declare that I/WE have insurance protection covering injuries that may occur in these activities. I/WE give permission to the officers, coaches and supervisors to provide medical treatment in case of any emergency or injury. I/WE further declare that all information contained in the form is correct.

(Please read this form completely and both Parents and or Guardians need to sign.)

Participant's Signature:	Date:
Father's Signature:	Date:
Mother's Signature:	Date: