

# Youth Sports Participation Form



Please complete, sign and return this form to your instructor/coach on the first day of the program.  
For more information go to [www.Lakewood.org/recreation](http://www.Lakewood.org/recreation) click on Youth Sports or call:

**Youth Sports 303-987-5422**      **Volleyball 303-987-4805**  
**Gymnastics 720-963-5384**      **Inline Hockey 303-987-7757**      **MSSP 303-987-5419**

<b>Participants Name:</b>				
<b>Class/Program:</b>		Youth Sports Camps	Youth Sports Classes	Youth Sports Leagues
(Circle one)		Cheerleading/Gymnastics	Inline Hockey	MSSP Volleyball
<b>Birth date:</b>	<b>Age:</b>	<b>Gender:</b>	Male	Female
<b>Parents name:</b>				
<b>Home Phone:</b>		<b>Other Phone:</b>		
<b>Address:</b>				
<b>City:</b>		<b>Zip:</b>		
<b>Family E-Mail Address:</b>				
<b>LIST ALL MEDICAL CONDITIONS, ALLERGIES AND/OR MEDICATIONS THE ATHLETE IS CURRENTLY TAKING:</b>				
<b>Family Doctor:</b>		<b>Phone:</b>		
<b>Emergency Contacts:</b> (Relative or individual to contact if a parent cannot be reached)				
<b>Name:</b>		<b>Phone:</b>		
<b>Name:</b>		<b>Phone:</b>		
<b>Hospital Preference:</b> (In the event a parent or authorized individuals cannot be reached, indicate your hospital preference)				
<b>1)</b>		<b>2)</b>		

**RELEASE OF CLAIMS OF RELEASOR:**

By signing this Release, the Releasor accepts and understands that, in consideration of the City allowing the minor child to participate in the above-described activity, the Releasor waives any and all claims against the City of Lakewood, whether based on contract, negligence or otherwise, which may arise as any damages the Releasor may suffer as a result of the above-named minor child's participation in the above-described activity. Releasor releases the City, its officers, employees, agents and assigns regarding any claims, costs and expenses which arise out of the above-described activity.

Nothing in this form shall be construed to waive, limit, or otherwise modify any governmental immunity that may be available under the Colorado Governmental Immunity Act, C.R.S. 24-10-101, et seq., to the City, its officials, employees, agents or other persons acting on behalf of the City.

Should any provision of this Agreement be held invalid, illegal or unenforceable, it shall not affect or impair the validity, legality or enforceability of any other provision of this Agreement.

**THE RELEASOR UNDERSTANDS THAT ACTIVITIES AT any City of Lakewood Community Resources facilities CAN BE INHERENTLY DANGEROUS RESULTING IN SEVERE INJURIES OR DEATH.**

I hereby represent that I have read, understand and agree to the contents of this Release and sign the same voluntarily.

RELEASOR: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby grant full permission that my child's photographs and/or video recordings taken during the activities can be used for City of Lakewood advertising and promotional purposes.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_