



LaSalle Recreation



2019 Hot Shot Fall Youth Sports

Participant Name _____ Age _____ Birthdate _____ Sex _____

Street _____ City _____ State _____ Zip _____

Guardians Name(s) _____ [] Yes, I will volunteer as a [] team coach or [] assistant coach.
[] No, I am unable to volunteer at this time.

_____ @ _____ (_____) _____
Email Address (please print clearly) Phone Number (please print clearly)

Comments _____

List allergies, requests and anything else that would be helpful for the Director or Coach to know.

Please mark which sport you are registering for during the Fall season.

Hot Shot Soccer	Hot Shot Flag Football	Hot Shot Volleyball
Registration Deadline: Aug. 6th	Registration Deadline: Aug. 6th	Registration Deadline: Aug. 6th
[] Kinder-1st Grade	[] Kinder-1st Grade	[] Kinder-1st Grade
[] 1st-2nd Grade	[] 1st-2nd Grade	[] 1st-2nd Grade
FEES: (includes shirt) \$32.00/resident \$37.00/non-resident	FEES: (includes shirt) \$35.00/resident \$40.00/non-resident	FEES: (includes shirt) \$32.00/resident \$37.00/non-resident

Please indicate participants shirt size. You WILL NOT be able to change this later.				Volunteer Coaches Only
[] Youth XS	[] Youth M	[] Adult S	[] Adult L	_____ Shirt Size
[] Youth S	[] Youth L	[] Adult M	[] Adult XL	

Liability Waiver

I understand that the activity my child is registering for may have an element of hazard or inherent danger, and I take full responsibility for my child's actions and physical condition. I expressly understand and agree that neither the Northern Valley Athletic Association, School District Weld RE-1, Town of LaSalle, a municipal organization, nor any of the officers, agents, volunteers, assistants or employees shall be held responsible or made subject to any claim seeking to assess damages or liability for or from personal injury or property damage to myself or other persons on whose behalf this form is now signed as a result of actual or proposed participation in the above named programs. **I hereby agree to indemnify and hold harmless the Northern Valley Athletic Association, School District Weld RE-1, Town of LaSalle and their officers, agents, volunteers, assistants or employees on account of any such claims.**

Medical Release

In the event that my child is injured at an athletic event or practice and an official guardian can not be reached, I give permission for the attending physician at the site or at the hospital, to treat my child.

I being the parent or legal guardian of the above names participants, have read the above liability waiver and emergency release statement and understand it's content. To the best of my knowledge, the above information is correct.

Parent/Guardian Signature _____ **Date** _____

Office Use Only

Date Received _____ Staff _____ Check # _____ Receipt # _____ Fees Paid _____ Fees Due _____ UW _____