Church of the Lakes

Sport Program Registration and Wavier

YOUTH

Return to: Church of the Lakes
Attn: Jordan Weaver
5944 Fulton Dr. NW
Canton, OH 44718

Player's Information:

Last Name_____**First Name**_____

Gender (please circle) Male / Female Age_____**DOB**_____**School Grade**_____

Address_____

City_____**State**_____**Zip**_____

Phone ( )_____**-**_____

Email_____

Emergency Contact Information:

Name_____**Relationship**_____

Phone ( )_____**-**_____

Program Information:

Sport_____

Season (please circle) FALL WINTER SPRING SUMMER

Year_____

Fee_____Please make checks payable to Church of the Lakes

Waiver and Informed Consent Statement:

In consideration of my child's participation in the activities of the Church of the Lakes, I do hereby declare my child to be medically and emotionally fit to participate in the activities offered by the Church of the Lakes. I understand that there are risks, which may include disabling injury and/or death involved in all physical demands related to the activities undertaken. I agree to hold harmless the Church of the Lakes and their respective officers, employees, members, volunteers and sponsors from any and all claims of liability, in whatever form, and do hereby for myself, my heirs, executors and administrators, waive all rights and claims for damages which my child may have or which may accrue due to his/her participation in any of the activities of the Church of the Lakes. I understand and acknowledge the particular hazards of my child's participation in the sport listed above. I give my permission to the staff to secure appropriate medical treatment in the case of an emergency. I understand that I am responsible for repairing or replacing any damages incurred to equipment or facilities caused by my child, except normal wear and tear.

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Parent/Guardian Signature **Date**