



The Village of Louisville

Youth Sports Registration and Release Forms

Please Note: A copy of child's Birth Certificate must be attached.

Student's First and Last Name _____

Current School: _____ Grade: _____ Age: _____

Gender (circle one): M or F Date of Birth: _____ Birth Certificate: [] Yes or No []

Adult T-Shirt Size: _____ Height: _____ Weight: _____

Parent/Guardian Name (Print) _____

Street Address _____

City, State, Zip: _____

Phone: (H) _____ Cell: _____

EMERGENCY CONTACT INFORMATION:

Name: _____ Relationship: _____

Address: _____

Phone: (H) _____ Cell/other: _____

Parents Please check: The success of our program depends on volunteers. Check below where you can help:

Coach ____ **Assistant** ____ **Sponsor** ____ **Chaperone** ____ **Fund Raiser** ____

List your Skills or Passion: _____

This is a release, please read before signing:

I, the parent or guardian of the above-named child give my approval to his/her participation in any and all activities during the current season of the above marked sport. I assume all risk and hazards incidental to such participation, allowing my child to participate. I do hereby waive, release, absolve, indemnify and agree to hold harmless the organizers, sponsors, participants, officials and person transporting my child to or from activities. No one connected with the Village of Louisville, school, church or any other game practice/site will be held liable for any injury resulting from The Village of Louisville Sports Program participation. I also understand that if my child does no practice, I cannot expect him/her to be played and that my child must obey and abide by the decision of the coaches, supervisors, and other adults working the program. I understand that all alcoholic beverages and illegal substances are prohibited at all Village of Louisville activities.

Signature: _____ **Date:** _____

INSURANCE INFORMATION: (if you do not carry health insurance, please note)

Name of Health Insurance Carrier: _____

Group/Plan Number: _____ Phone: _____

Personal/Family Physician: _____ Phone: _____

Date of last tetanus booster: _____ Date of last physical: _____

MEDICAL CONDITIONS:

If your child has any personal medical condition or problem that The Village of Louisville should be aware of, it is your responsibility to acquaint us with the existing condition in this form. The information will be held in confidence and used only to render proper assistance should the need arise.

1. Does your child have asthma? _____, if so, does he/she have medication? (specify):
2. Does your child have any physical disabilities or limitation that we need to be aware of? _____
If so, please describe the disability _____
3. Is your child currently on any medication? _____. If so, indicate the specific medication,
Condition prescribed for and any know negative drug interactions: _____
4. Does your child have any other condition that we should be aware of that may endanger, alter or somehow limit his or her ability to participate on our program? Please describe in detail:

5. Is your child allergic to any of the following?

- a) Medications (i.e. Penicillin, aspirin):
- b) Insect bites (i.e. wasps, bees):
- c) Foods (i.e. peanuts, chocolate):
- d) Plants:
- e) Other:

Does your child use medication for allergic reactions? If so, what do you use? _____

PHOTO RELEASE: by signing at the bottom of this form, I hereby grant free permission for The Village of Louisville to use images of my child participating in their programs or events for outreach purposes, **including but not limited to electronic or print materials or media.**

[] No, I do not wish to grant a photo release. (Please consider granting this release to us if at all possible, as our ability to successfully share our programs with new participants depends on having representative photographs.)

I have read and understand the terms and conditions of this Release, Indemnification, and Waiver and I agree to subscribe to them.

Printed Name of Parent/ Guardian: _____

Parent/ Guardian Signature: _____ **Date:** _____

