

LOVELL RECREATION DEPARTMENT CONSENT TO PARTICIPATE & LIABILITY RELEASE

Name of Participant: _____ Grade: _____
 Name of Participant: _____ Grade: _____
 Name of Participant: _____ Grade: _____
 Name of Participant: _____ Grade: _____

Parent/Guardian Name: _____ Phone # : _____
 Address: _____ Cell # : _____

I/we being the parent/guardian of the above named participant(s),
 in consideration for acceptance in the activities as indicated:

<input type="checkbox"/> Soccer	<input type="checkbox"/> Gymnastics	<input type="checkbox"/> Boys/Girls Basketball
<input type="checkbox"/> Flag Football	<input type="checkbox"/> Taekwondo	<input type="checkbox"/> Swim Lessons (summer 2019)
<input type="checkbox"/> Tackle Football	<input type="checkbox"/> Pup Wrestling	<input type="checkbox"/> Swim Exercise or Swim Fit
<input type="checkbox"/> Volleyball	<input type="checkbox"/> Summer Camps	<input type="checkbox"/> Other _____

My child, (or I), wish to participate in the above checked activity/activities
 during the calendar year **August 1, 2018 – August 31, 2019.**

I have read or been informed by staff of the activity for which the student is registering and do hereby release and discharge Lovell Recreation Department, North Big Horn County School District #2, their boards and all persons or personnel related to or employed by the said organization from all actions, claims, demands or damages and costs accrued or any that may after be accrued on account of bodily injury, known or unknown, sustained resulting from accident injuries or damage while participating in said activity.

I hereby give my consent for my son/daughter to participate in the activity mentioned above as offered by the Lovell Recreation District, and will abide by all policies governing their programs/activities.

I hereby give Lovell Recreation District permission to use photos of my child(ren) participating in above mentioned activities, on the Lovell Recreation Facebook page and website by signing this form.

If you DO NOT want their picture to appear initial here: _____

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

Please list any special health issues or limitations: _____

If a sudden illness, injury or serious medical emergency should occur while participating in the above mentioned activities and a parent/guardian cannot be reached, I hereby authorize Lovell Recreation Department to take my child to the nearest emergency medical center for treatment.

Doctor Name: _____ NBH Doctor Clinic, (_____) Phone # : 307-548-5201

_____ Other, Please List: _____ Phone # : _____

Emergency Contact: **(not yourself)** _____

Phone # : _____ Cell # : _____

Parent or Guardian Signature: _____ Date: _____ Participants Signature (if over 14): _____

(Printed) _____

(Printed) _____