**Player’s Information**

**Player’s Name first/last** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Grade** \_\_\_\_\_\_\_\_\_\_\_\_\_ **Male/Female**\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Birth** \_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_ **Shirt size (if not)** **Y/S Y/M Y/L Sm Med Large XL**

**Parent/Guardian Full**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact (who to contact if we can’t reach the parent/guardian in an emergency)**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_-\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_

**REGISTRATION FEE: $30 - Cash, money order, or checks payable to Harper Recreation Commission. RETURN** this form and your fee to Harper City Office or to the Harper School office by **Friday, March 7, 2025.**

**Late sign-ups may not get a shirt.**

**Release from liability in consideration of being allowed to participate in any way with the Harper Recreation Commission sponsored program.**

The undersigned:

1. If participant is under 18 years of age, I, the parent or guardian is consideration of our child being allowed to participate in this activity agree to indemnity and hold harmless the foregoing parties from and against any and all claims demands, cause of action, however stated, brought by our child against the foregoing parties.

2. Releases, waivers, discharges and agrees not sure the Harper Recreation Commission, City of Harper affiliated clubs, their respective administrators; and if applicable, owners and lessors of premises used to conduct the event all of which are hereinafter referred to as “releases,” from demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or part by the negligence of the release or otherwise.

3. Authorize medical personnel to execute on my-our behalf any permission forms and other appropriate medical documents and act to be my-our behalf if I/we are not able to do so.

4. The undersigned have read the above waiver-release: I understand the above covenant and that I am signing it voluntarily

**SIGNED** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Relationship to Minor**\_\_\_\_\_\_\_\_\_

(Parent/Guardian Signature required)

