

SLINGER PARK & RECREATION DEPARTMENT PROGRAM REGISTRATION FORM

Participant Name: _____ Address: _____

Home Phone: _____ City: _____ Zip: _____

Alternate Phone: _____ Email Address: _____

Mothers Name: _____ Fathers Name: _____

Program Name	Session	Birthday	Age	Grade	T-Shirt Size (If needed)	Village Resident Yes / No	Fee

Are there any medical conditions we should be aware of?

Total Fee Paid: \$ _____

Volunteer Coach? YES / NO

Name: _____

Phone: _____

Team Sponsor? YES / NO

Name: _____

Phone: _____

Standard Liability Waiver

I / We the undersigned, do hereby agree to allow the above named participant in the program indicated. I am/we are aware of and understand that there may be potential risks inherent with participating in any recreation activity and that the Village of Slinger does not provide accident insurance. I / We assume all risks and hazards incidental to such participation including transportation to and from the activities and do hereby waive, release absolve indemnify and agree to hold harmless the Slinger Recreation Department, its officers, employees, and other persons for any and all claims, injuries, liabilities, damages or right of action directly or indirectly arising out of use of equipment, and/or participation in activities. In the event of a medical emergency I authorize Recreation Department staff to obtain medical treatment for the above signed.

Parent / Guardian Signature: _____

Date: _____

PLEASE SIGN BACK LIABILITY FORMS FOR ANY COMPETITIVE SPORTS

COACH CONCUSSION AGREEMENT FORM

As a Coach it is important to recognize the signs, symptoms, and behaviors of concussions. By signing this form you are stating that you understand the importance of recognizing and responding to concussions and head injuries per the guidelines set forth by the Department of Public Instruction and Statute 118.293. **It is your responsibility to read all concussion related information before signing this form. All information is posted on our website at www.vi.slinger.wi.gov.** Concussion information will also be reviewed at all Coaches pre-season meetings.

Coaches Agreement

I _____ have read the Coaches Concussion and Head Injury Information and understand what a concussion is and how it may be caused. I also understand what signs, symptoms, and behaviors are and agree to remove the athlete from practice/play if exhibited and/or a concussion is suspected. I understand that it is my responsibility to inform the parent/guardian if I suspect a concussion or if a suspected concussion is reported to me and that the athlete cannot return to practice or play before providing me with written clearance from an appropriate healthcare provider. I understand the possible consequences of the athlete returning to practice/play too soon.

Coach Signature: _____

Date: _____

Sport: _____

LIABILITY WAIVER & PARENT CONCUSSION AGREEMENT FORM:

As a Parent and as an Athlete it is important to recognize the signs, symptoms, and behaviors of concussions. By signing this form you are stating that you understand the importance of recognizing and responding to the signs, symptoms, and behaviors of a concussion or head injury. This form must be completed for every sports season and every youth athletic organization the athletes are involved with. All concussion safety information is posted on the Slinger Recreation Department Website at www.vi.slinger.wi.gov. It is your responsibility as a parent to read this information carefully before signing this waiver.

PARENT AGREEMENT:

I _____ have read the Parent Concussion and Head injury information and understand what a concussion is and how it may be caused. I also understand the common signs, symptoms, and behaviors. I agree that my child must be removed from practice/play if a concussion is suspected.

I understand that it is my responsibility to seek medical treatment if a suspected concussion is reported to me.

I understand that my child cannot return to practice/play until providing written clearance from an appropriate health care provider to his/her coach and to our department.

I understand the possible consequences of my child returning to practice / play too soon.

Parent / Guardian Signature: _____

Date: _____