

**REGISTRATION/WAIVER FORM  
REGISTRATION FOR YOUTH LEAGUE**

**Student Name:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Apt#** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Sex:** *M* *F*

**City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **School:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Primary Phone #:**(\_\_\_\_) \_\_\_\_\_ **Secondary Phone #:**(\_\_\_\_) \_\_\_\_\_

**Any medical conditions the instructor or coach should be aware of:** \_\_\_\_\_

<b>LEAGUE NAME</b>	<b>CODE NUMBER</b>	<b>FEE</b>
	#	\$

Please make checks payable to: SLREC

**Credit Card Use Only**

**Visa/MC#:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Exp. Date:** \_\_\_\_\_ **CVVcode:** \_\_\_\_\_

**Name on card (print):** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Participant Shirt Size:    YM   YL   AS   AM   AL   AXL**

**PLEASE READ AND SIGN WAIVER FOR PARTICIPATION:**

*In consideration for the foregoing, I for myself, my child , my executors, administrators, and assignees, do hereby release and discharge SLARA, all sponsors, coordinating groups, volunteers, and any individuals associated with the event, for all claim or damages, demands, actions whatsoever in manner arising or growing out of my or my child's participation in said event. In the absence of a parent/guardian's signature below, payment of fees and participation in the program shall constitute acceptance of the conditions set forth in the release. South Lyon Area Recreation Authority will not provide health and/or accident insurance for program participants. I hereby grant permission for SLARA to use myself or my child's photograph, videotape or film to publicize activities and programs.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Participant or Parent/Guardian if participant is under 18 years old)

**VOLUNTEER COACH/ASSISTANT COACH**

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Primary Phone #:** \_\_\_\_\_ **Secondary#:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Coach Shirt Size:** AS   AM   AL   AXL   **Coach to be placed with:** \_\_\_\_\_

**In an effort to assure the safety of our children, South Lyon Area Recreation will conduct a State of Michigan I-Chat System background check on all volunteer coaches.**

<b>Mail Registration to:</b> South Lyon Area Recreation 318 W. Lake Street South Lyon, MI 48178	<b>Fax Registration to:</b> 248.437.4324	<b>Questions:</b> 248.437.8105
--	---	-----------------------------------