

Receipt # _____

Amount Paid: _____ Date Received: _____

Received By: _____



Platteville Recreation

Janet Torres, Recreation/Senior Director

Phone: 970-785-2245 x 1101

400 Grand Ave, Platteville, CO 80651

jtorres@Plattevillegov.org

Participant Last Name: _____ First Name: _____ Gender: F M

Activity/Sport: _____ DOB __/__/__ AGE: _____ Grade: _____

Parent/Guardian Name: _____ Relationship: _____

Physical Address: _____ City: _____ Zip: _____

Mailing Address (if different) : _____ City: _____ Zip: _____

Phone: _____ Email: _____

Shirt Size (circle one)*: YS YM YL AS AM AL AXL *all shirts will be returned at the end of the season.

IN CASE OF EMERGENCY CONTACT (Different than above):

Contact 1

Name: _____ Relationship: _____ Phone: _____

Contact 2

Name: _____ Relationship: _____ Phone: _____

Does the Participant have insurance: Yes No If yes, current insurance provider: _____

Pre-existing Medical conditions (Allergies, Asthma, etc....): _____

I, _____ intend to enroll in the following activity sponsored by the Town of Platteville and scheduled to take place during the time period indicated:

Activity/Sport: _____ Dates of Participation Fall Winter Spring Summer Year: _____

I give permission for my child to be photographed and participate in media coverage (Circle one): YES NO

I, _____ understand the hazards, perils and potential injuries that may result from my child's participation in the above activity/event. I understand that all such activities pose the possibility of injury; and although remote- there is even a statistical possibility of permanent paralysis or death. I have been given the chance to ask questions of appropriate town personnel and volunteers concerning such risks and hazards, and acknowledge that any such questions have been satisfactorily answered. Having received sufficient information to make an informed decision, I hereby agree to assume all such risks and release the Town, its staff and volunteers from liability resulting therefore. This Waiver and Release of Liability is executed on behalf of me, my child and my heirs, person representatives, successors and assigns. **BY SIGNING THIS WAIVER AND RELEASE OF LIABILITY, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD ITS CONTENTS.**

Signature: _____ Date: _____