



Cheyenne Recreation and Events Youth Lacrosse Registration Form

Participant Name: _____ Date of Birth: _____

Male ___ Female ___ Grade: _____ School: _____

Primary Guardian: _____

Primary Phone Number: _____ E-mail: _____

Address: _____ City: _____ State: _____ Zip: _____

Secondary Guardian: _____

Secondary Phone Number: _____ E-mail: _____

Address: _____ City: _____ State: _____ Zip: _____

Coaching Information:

___ I am interested in Coaching (if different from above) Name: _____

The mission of the Recreation Division is to enrich the quality of life through providing cost-effective opportunities for recreational activities, focusing on life-long wellness through exceptional programs, activities, and events for all ages in the community.

Youth Lacrosse Introduction Program Assumption Risk, Waiver and Release

I, the undersigned guardian, agree that there are inherent risks of injury from my child's participation in the Cheyenne Recreation Division Youth Lacrosse Program. Those risks include, by way of example and not limited to: cuts, scrapes, bruises, sprains, strains, pulled muscles, and/or broken bones. I recognize that any activity involving motion and contact creates the possibility of serious injury, including permanent paralysis and even death. I agree to make my child aware of the risks of injury and to instruct my child to follow the safety rules and the coach's instructions at all times.

I understand that members of the Cheyenne Recreation Division staff, game officials, or the volunteer coaches might be required to give first aid to my child in the event of an injury or illness. I consent to the administration of first aid procedures on my child by the Cheyenne Recreation Division staff, game officials, or volunteer coaches, and the calling of an ambulance to transport my child to the hospital if an injury requires more than basic first aid.

Therefore, in consideration of my child's participation in the Cheyenne Recreation Division Youth Lacrosse Program, I fully assume all risks associated with my child's participation in the Youth Lacrosse Program. I waive, release and discharge for myself, my child, my family members, heirs, administrators, personal representatives, successors and assigns, any rights and claims which my child or I have or which may accrue against the City of Cheyenne, its offices, employees and volunteers for any and all waiver and release applies to any negligence on the part of the City, its officers, employees and volunteers. I understand that I am relinquishing legal rights. Further, I agree to defend, indemnify and hold harmless, including paying attorney's fees, costs and expenses, the City of Cheyenne from any and all liabilities which may result from my child's participation in the Cheyenne Recreation Division Youth Lacrosse Program, and I agree not to initiate any legal proceedings against the City of Cheyenne, its officers, employees, and volunteers.

Lastly, in registering my child for this activity, I grant permission for pictures to be used in publicity or brochures related to the City of Cheyenne Community Recreation and Events.

I certify that I have read and understood this document and sign it knowingly, willingly and voluntarily and that I am authorized to sign this document on behalf of my child.

Refund Policy

1. Upon request, full refunds will be given from the time of registration to the end of registration.
2. After the start of the season requests for refunds must be due to a verifiable medical reason (we will request a doctor's note).
3. Non-medical requests for refunds after the start of the season will not be approved.

I have read the above statements and acknowledge the terms of the agreement.

Participant's Name: _____

Guardian's Name: _____

Guardian's Signature: _____

Date: _____