



Youth Lacrosse Registration Form

Participant Name: _____ Date of Birth: _____

Male ___ Female ___ Grade: _____ School: _____

Primary Guardian: _____

Phone Number: _____ E-mail: _____

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

Secondary Guardian: _____

Phone Number: _____ E-mail: _____

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

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.

Youth Lacrosse Assumption of Risk, Waiver & Release

In consideration of my participation or my child's participation in the program presented by the City of Cheyenne Recreation Division, the undersigned agrees and acknowledges that there are hazards associated with my participation or of my child's participation including, but not limited to: physical injuries such as sprains, twists, cuts, scrapes or bruises; surface hazards; or equipment failures. I fully assume all risks associated with my participation or my child's participation. I hereby waive, release, and discharge for myself, my family members, heirs, administrators, and assigns, any and all rights and claims which I have or which may accrue to me or my child, against the City of Cheyenne. Further, I will hold the City of Cheyenne harmless from any and all liabilities, and provide for the defense of the City, in the event the City is sued as a result of my or my child's alleged negligence. If I am, or my child, is injured and requires medical care, I consent to such care.

In registering for the City of Cheyenne Recreation Division program, I and/or the participant do grant permission for pictures to be used in publicity or brochures related to the City of Cheyenne Community Recreation and Events Department.

The undersigned acknowledges that novel coronavirus (COVID-19) infections have been confirmed throughout the United States, including several cases in Wyoming. In accordance with the most recent guidance and protocols issued by the World Health Organization (WHO), the Centers for Disease Control and Prevention (CDC), the Wyoming Department of Health and the Laramie County Department of Health, for slowing the transmission of COVID-19, the undersigned hereby agrees, represents, and warrants that neither the undersigned, nor the participant, shall visit or utilize the facilities, services, or programs of the Cheyenne Recreation Division within 14 days after:

- (i) Returning from highly impacted areas subject to a CDC Level 3 Travel Health Notice;
- (ii) Exposure to any person returning from areas subject to a CDC Level 3 Travel Health Notice; or
- (iii) Exposure to any person who has a suspected or confirmed case of COVID-19.

The CDC Travel Health Network is continuously updating this list and the undersigned agrees that they are aware of this list.

The undersigned hereby agrees, represents, and warrants that neither the undersigned, nor the participant, shall visit or utilize the facilities, services, or programs of the Cheyenne Recreation Division if he or she:

- (i) Experiences symptoms of COVID-19 including, without limitation, fever, cough, or shortness of breath; or
- (ii) Has a suspected or diagnosed/confirmed case of COVID-19.

The undersigned fully understands and appreciates both the known and potential dangers of utilizing City of Cheyenne facilities, services, and programs of the City Recreation Division and acknowledges that participating in such programs and even entering the public facility may, despite the reasonable efforts of the City of Cheyenne to mitigate such dangers, result in exposure to COVID-19 which could result in quarantine requirements, serious injury, disability, and/or death. I certify that I have read and understand this document and sign it knowingly, willingly, and voluntarily, and that I am authorized to sign this document on behalf of my child.

Name of Participant: _____ Date: _____

Name of Legal Guardian (print): _____

Signature of Legal Guardian: _____