



Co-Rec Youth Lacrosse Fundamentals 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 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.

I acknowledge I have read and understand the above, and knowingly and voluntarily agree to be bound by these terms and conditions.

Name of Participant: _____ Date: _____

Name of Legal Guardian (print): _____

Signature of Legal Guardian: _____