

# SENECA PARKS & RECREATION

## Youth Registration Form

**OFFICE USE ONLY:**  
 CA CK# AMT. \_\_\_\_\_  
 DATE: \_\_\_\_\_

**Return this form with your fee by deadline date to:**

Seneca Parks and Recreation Department  
 PO Box 40, Seneca, KS 66538  
 Phone: (785) 336-2747 Fax: (785) 336-6344  
 THERE IS ALSO A DROP BOX ON THE FRONT DOOR  
 OF CITY HALL - 531 MAIN ST  
 Email: hutflesd@gmail.com

**Player Jersey**

Player jerseys will be handed out by the coach or Rec. Director before the start of the activity. All jerseys and equipment must be returned at the end of the activity in the condition in which it was checked out. **There will be a \$5 fee for all jersey/equipment that has been damaged or lost.**

(PRINT) Participants Name	D.O.B.	M/F	Shirt Size	Activity	Age & (Grade)	Fee
<b>Total</b>						

Legal Guardian#1 _____ Phone # _____ Legal Guardian#2 _____ Phone # _____ Address _____ City _____ Zip _____ E-mail address _____	<p><b>Emergency Contact: Please list someone <i>other than</i> Parent or Legal Guardian</b></p> Name _____ Phone(H) _____ Phone(C) _____ Relationship to Part. _____ List any medical conditions, if any _____
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<p><b>WAIVER RELEASE STATEMENT:</b> <u>**This must be signed before a child may participate.</u> As a parent or legal guardian of a participant of this program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of my child's injuries, including loss of life, damages or loss which he/she may sustain as a result of participation in any and all activities connected with or associated with such program. I further agree to, on behalf of my child, waive and relinquish all claims, full release and discharge and agree to indemnify and hold harmless and defend the City of Seneca and its officers, agents, servants, and employees including coaches, umpires, and referees from any and all claims resulting from injuries, including loss of life, damages, and losses sustained by my child arising out of, connected with, or in any way associated with the activities of the program.</p>	<p><b>REGISTRATION INFORMATION: \$25.00 fee for all league activities.</b></p> <p><b>Family Payment Plan</b> - \$25.00 for the first child, \$25.00 for the second child, and every child thereafter in the same family is <u>FREE</u>. Blast Ball/Tee Ball - \$10 fee per participant. Baseball, softball, blast ball, &amp; tee ball are considered one activity. <u>(\$50.00 cap per family)</u></p> <p><b>Registrations need to be in City Hall by 5:00 p.m. on the deadline date. Late registrations will be placed on a waiting list and accepted only if there is room on the team. A \$5.00 per child late fee is in effect. Late Registrations Kill Programs!</b></p> <p>NO REFUNDS AFTER THE START DATE!</p>
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<p>I, the Parent/Legal Guardian of the above named participant have read and understand the Waiver Release Statement. I agree to abide by all policies and guidelines set forth by the City of Seneca regarding this program.</p> <p>_____</p> <p style="text-align: center;"><i>Signature of Parent/Legal Guardian</i></p>	<p><b><u>VOLUNTEER COACH:</u></b> I am interested in coaching!!</p> Head Coach _____ Assistant Coach _____ Name _____
<p>_____</p> <p style="text-align: center;"><i>Date</i></p>	