

**ABSOLUTELY NO REQUEST
FOR ANY AGE GROUP!!!!**

For Office Use Only:

Registration Paid: _____

Insurance Purchased: _____

Total Paid: _____

Amount Owed: _____



Age: _____
(As of September 1, 2016)

Age Group: _____
Sibling: _____

Parent Email: _____

Has your child played a sport with Seneca Recreation before: _____

Child's Name: _____
(First) (Middle) (Last)

Address: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Birth Date: _____ Gender: _____

Parent/Guardian Name: _____

Shirt Size: (Check One)

YXS(4-6): _____ YS (7-8): _____ YM(9-10): _____ YL(11-12): _____ YXL(13-14): _____

AS: _____ AM: _____ AL: _____ AXL: _____ Other: _____ ****Sizes may vary****

**Do you live inside
the city limits of
Seneca:**

Yes: _____

Pant Size: (Check One)

YXS(4-6): _____ YS(7-8): _____ YM(9-10): _____ YL(11-12): _____ YXL(13-14): _____

AS: _____ AM: _____ AL: _____ AXL: _____ Other: _____ ****Sizes may vary****

No: _____

Insurance Information and Insurance Release Form

The Seneca Recreation Department requires each child to be covered by insurance. If you have insurance please provide the following information:

Agency Name: _____

If you do not have insurance, you **MUST** purchase the listed insurance program offered by the Seneca Recreation Department at a cost of \$6.00 a year. ****It has been explained to me that I have the option to receive insurance for my child during his/her specified activity with the Seneca Recreation Department. My signature below confirms this:**

- I accept the offered supplemental insurance (\$6) _____
- I reject the offered insurance since I have proper coverage on my child _____

Please Read Disclaimer before Signing

I, parent or guardian of the above participant, hereby give approval to his/her participation including transportation to and from activities, and do hereby waive, release, absolve, indemnify and agree to hold harmless all persons responsible for injury or death. I shall also agree to hold harmless City of Seneca, the employees or program volunteers liable for same. I agree to grant permission to managing personnel or physician, hospital or medical clinic should the participant become ill or injured while participating in Department activities. I also agree to abide by the rules and regulations adopted by the Department in the best interest of my child.

Parent Signature

Date

No registrations taken by phone or fax – First time sign-ups must have a copy of their birth certificate!!