

For Office Use Only:

ABSOLUTELY NO REQUEST FOR ANY AGE GROUP!!!!

Registration Paid: _____

Deposit Paid: _____

Insurance Purchased: _____

Total Paid: _____

Amount Owed: _____



Age: _____

As of: Sept 1st of 2015

Age Group: _____

Sibling: _____

Sport: _____

Circle One:

First Time Participant
At Seneca Rec.

Returning Participant
At Seneca Rec.

Child's Name: _____

(First)

(Middle)

(Last)

Address: _____ Zip Code: _____

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

Birth Date: _____ Gender: _____

Parent/Guardian Name: _____ Email: _____

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:*

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****

Yes: _____

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 insurance information below. 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.

Agency Name: _____

I accept the offered supplemental insurance (\$6) _____

I reject the supplemental insurance _____

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!!