

OFFICIAL YOUTH SPORTS ROSTER

Sports Program Name:		School Currently attending:		Grade:
Team Name:		Coach Name:		
Player's Name: (First, Last)				
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Birth date: (mm/dd/yyyy)		
Address				
City		Zip Code	T-shirt Size	
Cell Phone:	Cell Phone Provider:	Email:		
<p>Assumption of Risks Exculpatory Clause: For and in consideration of the opportunity offered to me or my child to participate in the above-named activity/activities offered by the Auburn Parks, Arts & Recreation Department, I understand there are special dangers and risks inherent not only in this activity but in being transported by vehicle, including but not limited to, the risk of serious physical injury, death or other harmful consequences which may arise directly or indirectly from my or the child's participation in this activity or being transported by vehicle to and from the activity. I hold harmless, release and waive all claims I may have against the City of Auburn, its officials, employees, agents, or contracted instructors, and any other person(s) involved in this activity for any and all property damages, injuries, losses, damages or death suffered by me or my child as a result of my participation or my child's participation in this activity/activities, the use of City of Auburn facilities, and/or transportation to and from the activity. I accept full responsibility for the cost of treatment for any injury, losses, damages or death suffered by myself or my child while taking part in this activity/activities. I grant my full and voluntary consent for myself or the above-named child to participate in the activity described above and to be transported to and from the activity.</p> <p>I grant the City of Auburn the right and permission to use or copyright, and re-use, publish, or re-publish photographic pictures, video electronic images or other reproduction taken during classes for publicity purposes by the Auburn Parks, Arts & Recreation Department.</p> <p>I authorize any necessary emergency medical treatment that might be required for myself or this child in the event of physical injury and/or accident while participating in this activity and that I am personally responsible for the costs of any medical treatment, including transportation to the hospital and any hospital costs, rendered on my behalf or my child's behalf.</p> <p>I am aware of the legal consequences of signing this document and that participation in the activity/activities offered by the Auburn Parks, Arts, & Recreation Department is strictly voluntary.</p>				
Parent/Guardian Signature				Date
Parent/Guardian Name (Please Print)				

Return to:

Auburn Parks, Arts & Recreation Department | 910 Ninth Street SE, Auburn WA 98002 | FAX 253-931-4005 | sportsleagues@auburnwa.gov