



MARK R. JOHNSON
Mayor

CITY OF COVINGTON

RECREATION DEPARTMENT

317 North Jefferson Avenue

Post Office Box 778

Covington, Louisiana 70434

phone 985.893.4044

Recreation@covla.com

website www.covla.com

RECREATION REGISTRATION APPLICATION

Check the activity of your choice

Year 20_____

- BASEBALL** Boys 7-15 yrs. old
 SOFTBALL Girls 7-15 yrs. old
 TEE-BALL Girls & Boys 4-6 yrs. old
 FOOTBALL Boys 5-12 yrs. old
 CHEER Girls 5-12 yrs. old
 BASKETBALL Girls & Boys 5-15 yrs. old

Registration is complete once payment is received.

Girl Boy

Played with CRD in past? Yes No

PLAYER'S INFORMATION

Uniform Size, circle one - Youth S M L Adult S M L XL

CHILD'S LAST NAME _____ FIRST NAME _____

DATE OF BIRTH ____/____/____ AGE _____ SCHOOL _____

PHYSICAL ADDRESS _____ ZIP _____

MAILING ADDRESS (IF DIFFERENT) _____ ZIP _____

EMAIL ADDRESS _____

MOTHER'S NAME _____

FATHER'S NAME _____

HOME / WORK PHONE NUMBER _____

HOME / WORK PHONE NUMBER _____

MOTHER'S CELL PHONE _____

FATHER'S CELL PHONE _____

EMERGENCY CONTACT NAME _____

EMERGENCY CONTACT NAME _____

EMERGENCY CONTACT NUMBER _____

EMERGENCY CONTACT NUMBER _____

I would like to volunteer for **Head Coach** **Assistant Coach** **Team Scorekeeper**

REGISTRATION FEE Inside City Limits - \$55 (**Tackle Football \$100**)• Financial assistance available, must qualify.

MAKE CHECK PAYABLE TO City of Covington, P.O. Box 778, Covington, LA 70434

WAIVER OF LIABILITY: ATTACHED. MUST BE SIGNED.

PROMOTIONAL RELEASE: ATTACHED. OPTIONAL.

All documentation must be submitted to be eligible to play and/or practice.

All fee must be paid in their entirety, or child will not be eligible to play or practice with team.

Child will not receive a uniform or be on a team unless previous provisions are met.

All payments and documentation are due on or before the final deadline to be eligible to participate. We may extend registration deadlines to accommodate additional participation. Extension of deadline is not a guarantee.

PARENT'S SIGNATURE

DATE

OFFICE USE ONLY

Fee Paid Yes No Amount _____ Check No. _____ Paid ____ / ____ / ____

Assistance Approved Yes No Approved By _____

WAIVER OF LIABILITY The undersigned parent | guardian, both individually, and on behalf of the minor child (hereinafter "Participant") named in this registration, do hereby release, hold harmless and indemnify, the City of Covington, the City of Covington Department of Parks and Recreation; and, their administrators, directors, agents, coaches, employees, and volunteers from any and all claims, demands or actions of whatsoever kind or nature, prior to and including the date hereof, particularly on account of any and all claims which they have or may have for and from any and all liability, claims, rights, liens, remedies, debts, attorney's fees, damages (compensatory or punitive), interest, costs, suits, judgements, injuries, claims, torts, contracts, controversies, agreements, and demands whatsoever, including but not limited to sums due from the released parties, claims for pain and suffering, for mental anguish, for wages (earned or unearned), for personal property, for loss of society, for loss of consortium or other similar loss, for any form of compensation, whether in equity or law, including but not limited to all rights or causes of action under the laws of the United States of America; the laws or statutes of any state of the United States of America; the laws of the State of Louisiana, or any other law or laws which may afford a right or cause of action and for any other legally recoverable category of damage as a result of any accidents or injury involving participant, while participating in activities sponsored by the City of Covington Department of Parks and Recreation. The undersigned hereby releases, waives, discharges and covenants not to sue the City, its directors, officers, employees, agents, contractors, representatives, and affiliates for any claim so arising on behalf of the undersigned, and his/her representatives, heirs, and successors in interest (hereinafter "undersigned") for any and all loss or damage, and any claim or demands therefore on account of injury to the person or property of the Participant registered herein while partaking in the Activity.

The undersigned hereby acknowledges: (a) that participation in group sports and athletic Activity may/can be dangerous and therefore involves the risk of serious injury, aggravation of previous medical condition or complication of any kind whatsoever, due to any cause, while participating in the Activity; (b) that some of the risks of harm include, but are not limited to, physical injury, equipment failure, and pre-existing health problems; (c) the undersigned ratifies the Participant is in good health and has no physical condition that prevents him|her from participating in the Activity; and (d) that the undersigned has read this Waiver of Liability carefully and had an ample opportunity to review it.

And further, the undersigned hereby consents and sanctions the City of Covington Department of Parks and Recreation and its representatives to do all things reasonably necessary to act in any emergency requiring immediate medical attention, including emergency transport to an appropriate medical facility to seek and authorize medical care for their minor child | participant.

It is hereby certified that the undersigned has read this Waiver of Liability in full, and understand the contents thereof and the intent of the City of Covington Department of Parks and Recreation Youth Sports Program and will cooperate fully with the Department and the Athletic Program Staff.

PARENT | GUARDIAN SIGNATURE REQUIRED:

PARENT NAME (please print) _____

PARENT SIGNATURE _____ DATE ____ / ____ / ____

GUARDIAN NAME (please print) _____

GUARDIAN SIGNATURE _____ DATE ____ / ____ / ____

PROMOTIONAL RELEASE The undersigned hereby consents and authorizes the City of Covington Department of Parks and Recreation and its representatives, to use of any and all images and statements of/by/about the minor child | participant during any part of the athletic program for promotional purposes.

PARENT | GUARDIAN SIGNATURE REQUESTED:

PARENT SIGNATURE _____ DATE ____ / ____ / ____

GUARDIAN SIGNATURE _____ DATE ____ / ____ / ____