

Please Read the Following Instructions Carefully Before Completing the Form Below

1. **Note:** This registration form is to be used for all Youth Athletic Programs, except for soccer
2. **Print three (3) copies of the form.** One copy is for your records, one copy is for the Recreation Department and one copy is for the Association.
3. **All three (3) copies of the FULLY COMPLETED** registration form must be turned in at the time of registration.
4. **ALL** registrations must be submitted to the **proper Youth Association** where the child **legally and actually resides**.
5. If there are **any questions** about the correct Youth Association or in the registration process in general, please contact the **Athletics Programs Staff:**

Frank Wittenberg @ 291-8375 or e-mail FWittenberg@LafayetteGov.net

Barry Scheuermann @ 291-8368 or e-mail BScheuermann@LafayetteGov.net

Terry Godfrey @ 291-8380 or e-mail TGodrey@LafayetteGov.net

6. **NO registrations will be accepted at the Recreation and Parks Administrative Offices or any of its Facilities for any Youth Athletic Program** unless expressly stated in the Press Releases for the specific program in which a child is being registered for.

APPLICATION FORM

LAFAYETTE CONSOLIDATED GOVERNMENT RECREATION & PARKS

P. O. Box 52113 • Lafayette, LA 70505 • (337) 291-8362

		S.S.#
INFORMATION VERIFIED	NEIGHBORHOOD	SPORT
LEAGUE	TEAM	COACH
		PAID TOTAL

Last Name	First Name	Initial	Sex

Physical Address & Mailing Address	City	State	Zip Code

Player's Phone	Birthday	Birth Certificate Number

Father's Name	Business Phone	Home Phone	Player's Shirt Size

Mother's Name	Business Phone	Home Phone	Player's Pant Size

PARENTS, YOUR PROGRAM NEEDS YOUR HELP! PLEASE CHECK THE AREAS THAT WOULD INTEREST YOU.

- Coach Fund Raising Concessions Team Mom
 Assistant Coach Team Sponsorship Field Maintenance

RESIDENCY

INITIAL

As a parent or legal guardian of the Youth Athlete listed on this registration, I hereby certify and affirm that this child does legally and actually reside at the address listed. I understand that if my child is found to be actually living at an address other than the one listed, he or she is subject to being suspended from the Lafayette Consolidated Government Recreation Program for at least one year and that I, as parent or guardian will also be subject to suspension for a period of 2 years. If a child is found to be participating in an incorrect neighborhood association, he/she will be reassigned to the correct neighborhood association at once, even if the regular season has already started.

RELEASE OF LIABILITY/CONSENT FOR MEDICAL TREATMENT/EQUIPMENT

As parent or guardian of the registrant, I agree to abide by the rules and regulations set forth for the Lafayette Recreation and Parks Youth Athletic Program (Program). I hereby release, discharge and/or otherwise indemnify the Program, the City and Parish of Lafayette, the Recreation Department under these civil entities, the national affiliations of the Program, the administrators of the Program, the sponsors, their employees and associated personnel against any claim by, or on behalf of, the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

As the parent or legal guardian of the above named player, I hereby give my consent for emergency medical care and transportation prescribed by a duly licensed Doctor of Medicine, or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependent. I also understand that there is accidental insurance associated with the Program, but that I am financially responsible for such consented emergency measures.

I agree to return to the Neighborhood Association any returnable equipment or uniforms loaned to players for the season. I agree to return such in the same general condition as I received them (consideration given to normal wear).

Parent/Guardian Signature _____ Date _____