






PARTICIPANT'S NAME		HOME PHONE	CHILD'S DOB	M/F
STREET		WORK PHONE	<input type="checkbox"/> MEDICAL CONDITION? (That should be passed on to the coach)	
CITY, ZIP		PERSON'S NAME AT WORK PHONE		
E-MAIL		SCHOOL PARTICIPANT ATTENDS		
EMERGENCY CONTACT (Passed on to the coach/instructor)				

	Event	Details	Cost
<input type="checkbox"/>	2010 BOYS BASEBALL \$30 through 5/6, \$40 after if space permits Ages 7-9 as of 6/7/10 	<input type="checkbox"/> YES, I am willing to coach. My name _____ Email address _____ <i>Please note you will be required to pass a background check</i>	
<input type="checkbox"/>	2010 GIRLS SOFTBALL \$30 through 5/6, \$40 after if space permits Ages 7-11 as of 6/7/10 	<input type="checkbox"/> YES, I am willing to coach. My name _____ Email address _____ <i>Please note you will be required to pass a background check</i>	
<input type="checkbox"/>	2010 COED T-BALL \$30 through 5/6, \$40 after if space permits Ages 5-6 as of 6/7/10 	<input type="checkbox"/> YES, I am willing to coach. My name _____ Email address _____ <i>Please note you will be required to pass a background check</i> Please choose one: <input type="checkbox"/> Mon/Wed <input type="checkbox"/> Tues/Thurs	
<input type="checkbox"/>	2010 COED FALL SOCCER \$30 through 7/20/10, \$40 after if space permits Ages 4-10 as of 12/1/10 	<input type="checkbox"/> YES, I am willing to coach. My name _____ Email address _____ <i>Please note you will be required to pass a background check</i> Please choose one: <input type="checkbox"/> 4 on 4 <input type="checkbox"/> 10 on 10	
<input type="checkbox"/>	 Indicates a Delta Township blue and white reversible shirt is required. Shirts are \$15.	Youth S Youth M Youth L Youth XL Adult S Adult M Adult L Adult XL	

Pay with Visa, MasterCard or Discover! Card Number _____ Exp _____
 Cardholder Name _____ Cardholder Signature _____

Adult must sign waiver on back of this form (child signature suggested)

Make checks payable to: Delta Township
Mail to: Delta Township Parks and Recreation, 7710 West Saginaw Hwy, Lansing 48917
For information: Phone: 323-8555 Fax: 327-1721 Website: www.deltami.gov/parks
Applications must be received (not postmarked) by the deadline. Register now!
 No special requests will be honored.
 Prices, dates, and other details subject to change without notice.

TOTAL	
	OFFICE USE ONLY
DATE RCVD	
PAYMENT	
SHIRT RECEIVED?	<input type="checkbox"/> Yes <input type="checkbox"/> No

OVER

Sports Waiver and Release of Liability

Read before signing

For Use by Minors

In consideration for being allowed to participate in Delta Township's youth sports program, related events, and activities, the Participant and his or her parent or legal guardian acknowledge and agree as follows:

1. The risk of injury from athletic activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce that risk, the risk of serious injury does exist.
2. Participant and his or her parent or legal guardian knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the Township or others, and assume full responsibility for the Participant's participation.
3. The Township recommends that each Participant consult with a physician before participating in athletic activities. Participant and his or her parent or legal guardian agree that Participant will not exercise or participate in athletic activities in a manner contrary to the advice of his or her physician.
4. Participant and his or her parent or legal guardian willingly agree that Participant shall comply with the stated and customary terms and conditions for participation.

- Participant and his or her parent or legal guardian further agree that Participant's use of the Township's property, equipment, and facilities shall comply with established and posted rules, as well as staff directives. Participation in the Township's athletic programs, including use of athletic equipment and facilities, is not permitted by unregistered participants unless prior written approval is granted by the Township. Participant and his or her parent or legal guardian willingly agree to report: (1) any unregistered participants; and (2) any violations of established rules, staff directives, or posted rules to a Township official. Additionally, Participant and his or her parent or legal guardian agree to report any unusual hazard witnessed during the Participant's presence or participation to a Township official.
5. Participant and his or her parent or legal guardian willingly agree that the Township shall not be liable for any loss, breakage, or theft of personal property that occurs in connection with athletic program participation.
 6. In the event of an emergency, Participant and his or her legal guardian authorize Township officials to secure from any licensed hospital, physician, and/or medical personnel, any treatment deemed necessary for Participant's immediate care. Participant's legal guardian agrees that he

- or she will be responsible to pay for any and all medical services rendered.
7. It is the intention of the Participant and his or her parent or legal guardian, by signing below, to expressly assume all risk of personal injury, death, or property damage upon him/herself, to the exclusion of the Township. Participant and his or her parent or legal guardian release the Township from liability for personal injury, property damage, or wrongful death.
 8. Participant and his or her parent or legal guardian further agree that his/her spouse, assignees, heirs, guardians, and legal representatives (if any) will not make any claim against, sue, or attach the property of the Township for any loss or damage resulting from Participant's involvement in the Township's athletic program.
 9. Participant and his or her parent or legal guardian are aware that this agreement is a release of liability and therefore is a waiver of the Participant's and his or her parent or legal guardian's legal right to collect damages in the event of injury, death, or property damage.
 10. Participant and his or her parent or legal guardian sign this agreement of his or her own free will, in consideration for the Participant's right to participate in the Township's youth sports program.

Child

I have read this release of liability and assumption of risk agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.

Signature of Participant below the age of 18 at the time of registration (suggested)

Date

Adult

This is to certify that I, as parent/guardian with legal responsibility for the Participant, do consent and agree to his/her release as provided above. For myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Township from any and all liabilities incident to my minor child's involvement or participation in the youth sports program.

Signature of Participant's parent or legal guardian

Date

Code of Ethics for Parents

- I will encourage good sportsmanship by demonstrating positive support for all players, coaches, and officials at all youth sports events.
- I will place the emotional and physical well-being of my child ahead of any personal desire to win.
- I will insist that my child play in a safe and healthy environment.
- I will provide support for coaches and officials working with my child to provide a positive, enjoyable experience for all.
- I will demand a drug, alcohol, and tobacco-free sports environment for my child and agree to assist by refraining from their use at all youth sports events.
- I will remember that the game is for children and not for adults.
- I will do my very best to make youth sports fun for my child and all children involved.

- I will ask my child to treat other players, coaches, fans, and officials with respect regardless of race, sex, creed, or ability.
- I will promise to help my child enjoy the youth sports experience within my personal constraints by assisting with coaching, being a respectful fan, providing transportation, or whatever I am capable of doing.
- I will require that my child's coach agrees to the Youth Sports Coaches Code of Ethics.

DISCIPLINARY PENALTIES WILL BE ASSESSED AGAINST FANS, COACHES, SPECTATORS, PLAYERS, LEAGUE OFFICIALS, AND PARENTS WHO VIOLATE THE DELTA TOWNSHIP PARKS AND RECREATION YOUTH SPORTS CODE OF ETHICS.

IT IS YOUR RESPONSIBILITY TO READ THESE ETHICS AND ABIDE BY THEM.

Parent or Legal Guardian Signature

I hereby pledge to provide positive support, care, and encouragement for my child participating in a Delta Township Parks and Recreation youth sports program by following this code of ethics.

Signature _____

Date _____