

Louisville/Jefferson County Metro Government
Louisville Metro Parks and Recreation
Youth Sport Participation Registration Form

METRO PARKS SITE: _____ **SPORT:** _____

Child's Name _____ Age As of Dec. 1st _____ D/O/B _____

Parent/Guardian _____

Address _____ City _____ State _____ Zip _____

Telephone # _____ Emergency # _____

E-mail: _____

Shirt Size (circle one): Youth Small Youth Medium Youth Large Adult Small
Adult Medium Adult Large Adult Xlarge Adult XXL Adult XXXL

Emergency Contact Other Than Parent / Guardian:

Name _____ Home Phone _____ Work Phone _____

Name _____ Home Phone _____ Work Phone _____

Photo Release Information

The Louisville/Jefferson County Metro Parks & Recreation Department documents recreation programs for promotional use year round. Photographs and videotape may be taken to be used in brochures, seasonal program guides, public event displays, department program videos, or other uses. If the Louisville/Jefferson County Metro Parks & Recreation Department has your permission to photograph or videotape your child or yourself while participating in various activities please sign on the line provided:

Signature for Photo Release: _____

Please Read the following carefully:

Permission is hereby granted for my son/daughter/ward or myself, as named above, to participate in programs, activities, and field trips associated with the Louisville/Jefferson County Metro Parks & Recreation Department. I understand these activities will be supervised by employees and volunteers of the Louisville/Jefferson County Metro Parks & Recreation Department.

I am aware that strenuous activities could be involved in the above named person's participation in programs, activities, and field trips associated with the Louisville/Jefferson County Metro Parks & Recreation Department, and I have determined that the above named person's health is adequate for him/her or myself to participate safely in such programs, activities and/or field trips.

I understand and agree that any injuries sustained by the above named participant will not be covered by the Louisville/Jefferson County Metro Government, or the Louisville/Jefferson County Metro Parks & Recreation Department, and that adequate medical insurance to cover such injuries must be acquired and maintained on behalf of the above named participant.

I agree, as parent or legal guardian on behalf of _____, or on my own behalf as a legal adult, and on behalf of his/her/my heirs or legal representatives to forever refrain from asserting against the Louisville/Jefferson County Metro Government, the Louisville/Jefferson County Metro Parks & Recreation Department, its elected and appointed officials, employees, agents, servants and successors in interest thereof, any claim, demand, action or suit whatever kind of nature, either directly or indirectly for injuries or damages to person's participation in any Louisville/Jefferson County Metro Parks & Recreation Department programs, activities and/or field trips.

I agree, as parent or legal guardian on behalf of _____, or on my own behalf as a legal adult, to indemnify and hold harmless the Louisville/Jefferson County Metro Government, the Louisville/Jefferson County Metro Parks & Recreation Department it's elected and appointed officials, employees, agents, servants and successors in interest from all claims, damages, losses and expenses including attorneys' fees, arising out of above named person's participation in such programs, activities and/or field trips, including damages or injuries arising out of transportation to and from any such related Louisville/Jefferson County Metro Parks & Recreation Department Activity.

Parent/Guardian/Legal Adult: By placing your signature below, you certify that you have carefully read this form, and the terms and conditions set forth herein; and you agree to abide said conditions and terms, and certify all information is true, current, and correct and may be relied upon by the Louisville/Jefferson County Metro Parks & Recreation Department.

Signed: _____

Date Signed: _____

Relationship to Participant: _____

updated 3/17/17