

For Office Use Only:
Address Verified: _____
Amount Paid: _____
Circle: Cash Credit Card
Check # _____
Transfer from: _____

Copy of
Birth Certificate
attached:

YES NO



**City of Anderson Parks & Recreation
Youth Football Contract**

Date: _____

Male or Female

Do you live in or pay Anderson City Taxes? Yes No

Child's Full Name: _____

Name called by: _____

Birthdate: _____ Age as of August 1 of current year: _____

Weight: _____

Parent or Parents Name (or Legal Guardian): _____

Home Address: _____ City: _____ Zip: _____

(If different from Home Address)

Mailing Address: _____ City: _____ Zip: _____

Contact Phone Number: _____ Grade: _____ School: _____

E-Mail Address: _____

If you would like to receive Anderson Rec. information and updates by text, please put cell number and carrier:

Cell Number: _____ Carrier (Example: Verizon, AT&T, etc.) _____

Team played on last year: _____ Do you wish to return to same team? Yes No

THE PARTICIPANT MUST BE COVERED UNDER SOME TYPE OF INSURANCE

Does your child have Insurance? Yes No

Does your child have a medical/physical condition that needs to be made aware of?

Jersey size: Youth M Youth L Youth XL
 Adult M Adult L Adult XL Adult XXL

Please sign on back of form.

I hereby release the City of Anderson, its coaches, sponsors, and the Recreation Department from any and all liability from damages arising from injuries received by the foresaid player at the present or which may occur in the future while he/she participates in or travels to the above activity.

I understand that no insurance coverage will be provided by the City of Anderson and that my child must be covered by some type of medical insurance.

I also understand the following refund policy: Full refund with exception of a \$10.00 administrative fee charge, until one week after advertised registration period is complete. After the one week period; NO REFUNDS WILL BE ISSUED.

I understand there is a \$30.00 service charge on all returned checks. This fee, as well as all original charges, must be paid in cash before my child will be allowed to participate.

I understand that if my child is determined to be over the weight limit for their age group; they will be required to wear a jersey in the 70's and must play interior line and cannot advance a fumble or interception. I also understand my child must attend practice on a regular basis in order to play and may sit out a game(s) for unexcused practices.

I acknowledge that the staff of the Anderson Parks and Recreation Department will review this contract for its accuracy. If any of the above information is discovered to be false, I fully understand that this contract will be declared null and void and this player will not be allowed to participate.

I agree to conduct myself in a sportsmanlike manner at all times. I understand that this is expected of players, parents, and other family members or friends and that the Recreation Department Staff has the authority to remove anyone violating this stipulation. I acknowledge that all fees and/or charges are nonrefundable once the regular season for the activity begins, this includes practice. I certify that I have read this contract, understand its provisions, and that the information is accurate.

Parent's or Guardian's Signature

I hereby give my permission to the City of Anderson to take and use pictures or videos of myself and/or my dependent(s) while participating in programs or using the facilities or equipment. I further give my consent to the City to use such pictures or videos for advertising purposes by the City of Anderson or on its behalf. I agree that there will be no compensation paid for their use.

_____ YES _____ NO

Scholarship Program Available:

The Scholarship Program is based on level of income.

Those interested in applying ask for application.

How did you hear about the registration?

___ Flyer in the mail ___ Flyer from school ___ TV ___ Billboard ___ Coach ___ Friend

___ Facebook page ___ City Website ___ Other: _____



Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

The City of Anderson “COA” has created new protocols and put in place preventative measures to reduce the spread of COVID-19; however, COA cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending any program may increase your child(ren)s risk of contracting COVID-19.

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By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may have been exposed to, or infected by COVID-19 by attending the COA program, and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at the COA program may result from the actions, omissions, or negligence of myself and others, including, but not limited to, COA employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself including, but not limited to, personal injury, disability, death, illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)s attendance at the COA program. On my behalf, and on behalf of my child(ren), I hereby release, covenant not to sue, discharge, and hold harmless COA, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of COA, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any COA program.

Signature of Parent/Guardian Date

Print Name of Parent/Guardian Name of Participant(s)