



ESTES VALLEY RECREATION
AND PARK DISTRICT

GET ACTIVE, LIVE HEALTHY
YOUTH ACTIVITY REGISTRATION FORM

ACTIVITY _____

PLAYERS NAME _____

AGE _____ GRADE _____ SHIRT SIZE: YOUTH _____ ADULT _____

PARENTS NAME _____

MAILING ADDRESS _____

HOME PHONE _____ BUSINESS PHONE _____

E-MAIL _____

ARE YOU OR ANYONE AT HOME INTERESTED IN COACHING? YES _____ NO _____
IF YES, PLEASE GIVE NAME AND PHONE NUMBER _____

In an emergency, if the coach or the Estes Valley Recreation and Park District is unable to immediately contact the above child's parent or guardian, do we have your permission to take appropriate action, including transporting and/or admission to a hospital, as in our opinion the situation demands?

Yes _____ No _____

Doctor's name and hospital _____

Emergency name and phone _____

I hereby assume full responsibility in case of injury, accident, damage, or loss of any nature whatsoever, to the herein-named child or his or her property during the course of the above named program, including any transportation in connection therewith, and hereby specifically release and agree to hold harmless there from the Estes Valley Recreation and Park District, the program supervisor, volunteer coaches, and assistants.

SIGNATURE OF PARENT OR GUARDIAN

DATE

Return to: EVRPD Administrative Office
690 Big Thompson Avenue
Mon – Fri 8:00a.m. to 5:00 p.m.

Mail to: EVRPD
Box 1379
Estes Park, CO 80517