

BOYS LACROSSE OPEN GYM REGISTRATION FORM

NAME _____ DOB _____ GRADE _____

ADDRESS _____ MALE OR FEMALE: _____

PARENT/GUARDIAN INFORMATION:

NAME _____ PHONE _____

NAME _____ PHONE _____

*EMAIL ADDRESS: _____

EMERGENCY INFORMATION:

ARE THERE ANY MEDICAL PROBLEMS/ALLERGIES? _____

EMERGENCY CONTACT NAME & # _____

(Other than Parent/Guardian)

THE NAMED APPLICANT TO PARTICIPATE IN THE ABOVE MENTIONED PROGRAM IS REGISTERING WITH THE UNDERSTANDING THAT CERTAIN ACTIVITIES REQUIRE A MINIMUM LEVEL OF FITNESS AND HEALTH (PHYSICAL, MENTAL, AND EMOTIONAL) AND EACH PERSON HAS A DIFFERENT CAPACITY FOR PARTICIPATING IN THESE ACTIVITIES.

THE ABOVE NAMED PARTICIPANT WARRANTS BEING PHYSICALLY FIT TO PARTICIPATE AND UNDERSTANDS THE CHOICE TO PARTICIPATE BRINGS WITH IT THE ASSUMPTION OF THOSE RISKS AND RESULTS WHICH ARE PART OF THEIR PARTICIPATION.

THEY FURTHERMORE WAIVE AND RELEASE THE WATERLOO COMMUNITY CENTER AND THEIR STAFF FROM ANY AND ALL LIABILITY FOR INJURIES OR RISKS ASSOCIATED WITH MY CHILD'S PARTICIPATION IN THIS PROGRAM INCLUDING, BUT NOT LIMITED TO, THE RISKS ASSOCIATED WITH THE NOVEL COVID-19 VIRUS, AND WILL HOLD THE WATERLOO COMMUNITY CENTER AND ITS STAFF HARMLESS FOR ANY AND ALL MEDICAL EXPENSES INCURRED.

MY CHILD'S COACH AND/OR DIRECTOR HAVE MY PERMISSION TO SEEK MEDICAL HELP IN THE EVENT OF INJURY OR SICKNESS INVOLVING MY CHILD.

***COVID-19 INFORMATION:**

IF YOU OR YOUR CHILD HAS ANY OF THE FOLLOWING SYMPTOMS DO NOT COME:

FEVER OR CHILLS (100.4 OR HIGHER), COUGH, SHORTNESS OF BREATH OR DIFFICULTY BREATHING, FATIGUE, MUSCLE OR BODY ACHES, HEADACHE, SORE THROAT, NAUSEA OR VOMITING, CONGESTION/ RUNNY NOSE, DIARRHEA, NEW LOSS OF TASTE OR SMELL.

IF YOU ARE ILL OR CARING FOR SOMEONE THAT IS ILL, OR HAVE BEEN EXPOSED TO COVID-19, DO NOT COME.

PARENTS ARE REQUIRED FILL OUT A COVID SCREENING FORM EACH DAY THAT THEIR CHILD PARTICIPATES. PLEASE HAVE YOUR CHILD BRING IT WITH THEM AS ONLY PLAYERS, COACHES, AND STAFF WILL BE ALLOWED INSIDE THE REC. FORMS ARE AVAILABLE ON OUR WEBSITE.

THE FOLLOWING SAFETY PROTOCOLS ARE REQUIRED: MASKS COVERING THE MOUTH & NOSE, HAND WASHING &/OR HAND SANITIZING BEFORE AND AFTER ACTIVITY, NO HAND SHAKES, FIST BUMPS, OR HIGH 5'S, MAINTAIN 6 FT. SOCIAL DISTANCING UNLESS SAFETY OR THE CORE ACTIVITY REQUIRES SHORTER DISTANCE. BRING YOUR OWN WATER BOTTLE WITH NAME ON IT.

PARENT/GUARDIAN _____ DATE _____

(Signature)