



City of Belen Parks, and Recreation Department

Volunteer Head Coach:	<input type="checkbox"/>
Assistant Coach:	<input type="checkbox"/>

Payment (Recreation Dept. Only)
Amount: _____
Cash/Check/Card
Receipt# _____
Employee: _____

Sport: _____ Youth/Teen/Adult

Participants Name: _____ Birthdate: _____

Age of participant on December 31, _____ Grade: _____ School: _____

Coach/Team request: _____ Draft _____

Shirt size: (order a shirt size large enough for 1 year of use, *Shirts are not exchangeable)

Youth Sizes: Small (6-8), Medium (10-12), Large (14-16) **Adult Sizes:** Small, Medium, Large, XLarge, XXLarge

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1st Parent/Guardian Information: Name: _____ Relation: _____

Address: _____ Cell: _____

Email: (print clearly) _____

2nd Parent/Guardian Information: Name: _____ Relation: _____

Address: _____ Cell: _____

Email: (print clearly) _____

Emergency Contact:

Name: _____ Relation: _____ Cell: _____

Name: _____ Relation: _____ Cell: _____

Release of Liability

Release, Waiver, and Assumption of Risk

As the parent/legal guardian of the registered participant in the listed activity or event, I am fully aware of and understand the potential risk involved with my child's participation in a physical activity. I hereby agree to assume all risk of injury, damage to persons or property, or both resulting from my child's participation in this activity or event and the City of Belen facilities. I do hereby fully release and discharge the city of Belen, its officers, agents/employees, volunteers, sponsors and organizers from any and all liabilities for injury, including death, damages or loss that my child may have or incur as a participant in the listed activity or event, and further agree to indemnify and hold harmless the City of Belen, its officers, agents, employees, volunteers, sponsors and all organizers from and against any and all liability suffered by my child as a result of, or in any way connected to my child's participation in the listed event. This Release, Waiver, and Assumption of Risk shall be binding upon my heirs and dependents.

I have read and understood the foregoing release:

Participants Name(s): _____

In witness whereof, I have executed this release on (date): _____

Parent/Guardian Name/Participant (Print): _____

Parent/Guardian/Participant Signature: _____ Date: _____

Digital Media Release

I, the undersigned, do hereby consent and agree that The Belen Community Center and the City of Belen, Its employees, or agents have the right to take photograph, videotape, or digital recordings of me or any individuals under the age of 18 that I am legally responsible for and use these in any and all media exclusively for the purpose of advertising for the Belen Community Center and its associated events. I further consent that my name and identity may be revealed therein or by descriptive text or commentary. I do hereby release to The Belen Community Center and the City of Belen, its agents, and employees all rights to exhibit their work in print and electronic from publicly or privately and to market sell copies. I waive any right, claims, or interest I may have to control the use of my identity or likeness in whatever media used. I understand that there will be no financial or other remuneration for recording me, either for initial or subsequent transmission or playback. I also understand that The Belen Community Cent and the City of Belen is not responsible for any expense or liability incurred as a result of my participation in this recording, including medical expenses due to any sickness or injury incurred as a result of my participation. I represent that I am at least 18 years of age, have rea and understood the foregoing statement, and am competent to execute this agreement.

I have read and understood the foregoing release:

Participants Name(s): _____

In witness whereof, I have executed this release on (date): _____

Parent/Guardian Name/Participant (Print): _____

Parent/Guardian/Participant Signature: _____ Date: _____