



**2020-2021
Lauderhill Lions
Travel Soccer Registration**

Employee Signature

Date Received _____
Amount Paid _____
Receipt _____

Child's Name _____ Grade, Fall 2020 _____ Shirt Size YS YM YL AS AM AL AXL
Birth date _____ Sex _____ Age _____
Child's Address _____
City _____ State _____ Zip Code _____ Would you like to be a volunteer with the program? YES NO
Home Phone _____ Cell Phone _____ E-mail Address _____
Mother's/Guardian Name _____ Business Phone _____
Father's/Guardian Name _____ Business Phone _____
Parent's Marital Status _____ With whom does the child reside? _____

In case of emergency, contact (other than parent)

Name _____ Relationship _____ Phone _____
Name _____ Relationship _____ Phone _____

I, _____, the parent, legal guardian or custodian of a minor child, hereby acknowledge that my child/ward will be participating in the Lauderhill Recreational Program (hereinafter "Program"). I understand that my child/ward will attend and participate in this Program, and may on occasion be provided with transportation in connection with this Program. I acknowledge that my child/ward is participating in all events, activities, and transportation associated with this Program at his/her own risk. I hereby represent that said minor is in good health; has no communicable diseases (including COVID-19, or any symptoms relating to COVID-19 within the last 14 days); the minor has not been, nor has any member of the household been, diagnosed with COVID-19 within the last 30 days; and has no physical conditions that would interfere with his/her participation in this Program.; I recognize that the City encourages participates to have insurance prior to participation and if I do not have insurance for the minor child I have voluntarily, knowingly and willing made the choice to permit my child to participate in such Program without the benefit of insurance and I assume any and all responsibility for the minor child and completely absolve the CITY OF LAUDERHILL if the child is injured in any way.

I do hereby knowingly, freely and voluntarily release, acquit, waive, discharge and covenant to hold harmless the CITY OF LAUDERHILL, any and all of its departments, its officers, employees, agents, volunteers and their respective heirs, successors and assigns from any and all liability, loss, damage, injury, or death, claims, causes of action, suits, controversies, contracts, promises, damages, debts, costs, expenses, loss of services, compensation, judgments, executions or demands whatsoever which may be sustained by my child/ward directly or indirectly, in whole or in part, in connection with, or arising out of, or which may be caused due to my child/ward's actions or inaction, due to the actions or inaction of any third party, or due to the negligence of the CITY OF LAUDERHILL, any and all of its departments, its officers, employees, agents, volunteers, or otherwise in any manner for any such loss whatsoever that may be sustained by my child/ward while participating in the Program and/or using the City's premises, or related events, or any associated transportation, whether he/she is participating in the Program or merely attending as a spectator or visitor of the program, which I acknowledge may lead to the unintentional exposure or harm due to COVID-19. I understand that I am solely responsible for my own child/ward's safety and actions.

I hereby give the city of Lauderhill the right to refuse the use of its premises and the right to discontinue the Program if the city has determined, in its sole discretion that it is in the best interest of the City, the program participant, or any spectators.

I hereby give the City of Lauderhill the authority to authorize emergency transportation and/or emergency treatment to the minor/ward. I also permit the City's representatives to sign all documents which are required in order to permit the emergency transportation and/or emergency treatment to the minor/ward. I further agree to indemnify the City for the costs associated with any emergency medical services incurred by the minor/ward.

I have read this RELEASE AND WAIVER OF LIABILITY form and fully understand its terms. I further understand that I have given up substantial rights on my own behalf and on behalf of my child/ward by signing this form and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of any and all liability to the greatest extent permitted by law and agree that if any portion of this RELEASE AND WAIVER OF LIABILITY is held to be invalid or unconstitutional, only that portion shall be voided and the remainder of this document shall continue in full legal force and effect.

Signature of Parent/Guardian: _____

WITNESS # 1: _____
DATE: _____