5-8 year olds registration form

This league teaches fundamental skills, fun, participation and social interaction through practice and organized games. We will be playing either 3 on 3 or 4 on 4 depending on number of players registered. If we do not have enough for an in town league, we will enter the Hays Rec. league. All youth

must have shin guards in order to play and are responsible

for providing their own.

Registration Deadline: Feb. 12, 2025

Late Registration Deadline: February 19, 2025

**Fee:** \$55.00 (If player needs an ERC Soccer Jersey.)

\$30.00 (If player has a Jersey)

**Practice begins:** In March

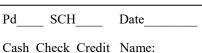
\*Games begins in April

Age groups: Coed 5-6, Coed 7-8 yr. olds (as of March, 1, 2025)

(This league may have to be altered depending upon registration.)

Print Childs Name:				
Address:		City:		
Date of Birth:  Have a jersey? Yes	(as of March	Grade: n 1, 2025)	Male	Female
Need Jersey? Circle -		AS AM AL	AXL	
Print Father's Name _			_ Ph	
Print Mother's Name			Ph	
Emergency contact: (	Other than parent	t/legal guardian)		
Name		Ph		
List medical condition	s if any:			
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Please consider coach volunteer coaches we	O		Mi k	on.

teams. I want to Coach! Yes/No





CONSENT FOR EMERGENCY MEDICAL AND DENTAL CARE: I appoint the ERC staff, instructors and volunteers as my agent and representative for the purpose of authorization of emergency medical and dental treatment deemed necessary by duly credentialed physician, dentist, or health care provider. My consent authorizes ambulance service, admission to a hospital, examination (to include X-rays), anesthesia, the use of drugs and medication, and necessary surgery recommended by such medical personnel for the purpose of saving life or to reduce further injury and harm. I acknowledge that payment of such medical treatment is my obligation and that such treatment will be sought only in the event of an emergency. WAIVER RE-LEASE STATEMENT: As a participant in this program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, including loss of life, damages or loss which I may sustain as a result of participation in any and all activities connected with or associated with such program. I further agree to waive and relinquish all claims, full release and discharge and agree to indemnify and hold harmless and defend the ERC and its officers, agents, servants, and employees from any and all claims resulting from injuries, including loss of life, damages, and losses sustained by me and arising out of, connected with, or in any way associated with the activities of the program. The undersigned and participant authorize the ERC to use at its discretion any photograph(s) taken of the participant while participating in any activity and waive any and all claims that the participant or the undersigned or their heirs, executors, administrators, or assigns may have or claim to have resulting from such photograph(s) or reproductions thereof. WAIVER OF LIABILITY/RELEASE FOR COMMUNICABLE DISEASES INCLUD-ING COVID-19: In consideration of being allowed to participat on the belalf of Ellis Recreation Commission athletic program and related events and activities, the unders
I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.
Name of participant:
Participant signature:
Date signed:
I, the Parent/Legal Guardian of the above named participant have read and understand the "Consent for Emergency Medical and Dental Care" and the "Waiver Release Statement." I have read and explained the provisions in the COVID-19 waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child's/ward's presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law. I agree to abide by all policies and guidelines set forth by the ERC regarding this program.
Name of parent/guardian:
Parent guardian/signature:
Date signed: Parent Email:

Please Return Form to: Ellis Recreation Commission, 1204 Washington, Ellis, Kansas 67637 OR the Drop Boxes located in the Schools. Phone: (785) 726-3718

**REGISTRATION DEADLINE FEBRUARY 12, 2025**