

THIBODAUX RECREATION DEPT. TREC UP REGISTRATION FORM-AGES 8 & UP

LAST NAME:	FIRST:	MIDDLE INITIAL:
[] MALE [] FEMALE	DATE OF BIRTH:	AGE:
ADDRESS:	CITY:	ZIP:
PARENT/GUARDIAN'S NAME:		
HOME PHONE #:	WORK PHONE #:	
PERSON TO NOTIFY FOR EMERGENCY:		
DOCTOR TO NOTIFY FOR EMERGENCY:		
MEDICAL INFORMATION:		
List Activity/Activities participation:		
PLEASE SIGN HERE TO VOLUNTEER FOR THE ACTIVITY/ACTIVITIES:		

PARENTAL AUTHORIZATION

I, parent or guardian of the above-named candidate for a position in the TREC UP programs, hereby give approval to his/her participation in any and all program activities during the current season. I assume all risks and hazards incidental to such participation in activities; and do hereby waive, release, absolve, indemnify and agree to hold harmless the City of Thibodaux, the parent or local program organization, governing board, the organizers, sponsors, supervisors and participants in such activities, for any claim arising out of an injury to the individual, except to the extent and in the amount covered by accident and/or liability insurance held by the local program.

I also grant permission to managing personnel or other program representatives to authorize and obtain medical care from any licensed physician, hospital, or medial clinic should the individual become ill or injured while participating in program activities away from home, or at any other times when neither parent is available to grant authorization for emergency treatment.

I am aware that there is a possibility of injury as well as possible serious and permanent damage to the individual. Knowing this, I give my permission for my son/daughter to participate in the City of Thibodaux, Recreation Department's TREC UP Programs.

I understand that it is my obligation and my obligation alone to obtain an independent medical examination from a licensed physician to determine if there is any medical evidence that would preclude the candidate's participation in the program. With full knowledge of the above obligation, I represent and warrant that to the best of my knowledge and belief, the candidate is physically and mentally able to participate in TREC Unified Program recreational activities.

 Print or Type Name of Parent or Guardian

 Signature

 Relationship

 Date

Code of conduct applies to everyone, including parents and spectators, who participates in any activity sponsored by the Recreation Department of the City of Thibodaux.

1. No alcoholic beverages or illegal drugs are permitted on the premises (buildings, playgrounds, parking lots, and on and near baseball fields).
2. All participants -- players, parents, coaches, and sponsors -- should behave in a polite and sportsmanlike manner and respect the authoritative decision of an official. Abusive language and cursing is prohibited.
3. No one shall hit another person before, during, or after activity.
4. No one shall deliberately damage Recreation Department equipment.
5. Any person violating any rule will be temporarily banned from all Recreation Department activities.