

*Registration Cannot Be Accepted without Payment and
Age Verification Document for New Participants*

For Office Use Only

Date Received _____

Amount Paid \$ _____

Check # _____

Receipt # _____

50%Scholarship

Approved by: _____

Participant's Name: _____ Gender: ☐ M ☐ F
Date of Birth _____ *Verification must be submitted with form for all new participants.*

Scholarship Request: Scholarship = 50% fee reduction. To apply for a scholarship proof of income must be provided with registration. Attach a photocopy of:

K-CHIP - Kentucky Health Card, K-TAP Card - (Welfare Recipient),
EBT Card- (Food Stamp Recipient), Section 8 Public Housing Voucher, or other government assistance program documentation; or Federal tax return.

NOTE: Scholarship documents must be submitted once every calendar year (January-December). If you have not submitted a qualifying document in 2015, it must accompany this completed registration form.

Does this participant require a special accommodation due to a disability in order to fully participate in this program? [] Yes [] No If Yes, what type of assistance is needed? _____

List Allergies: _____

Parent/Legal Guardian Name _____ Home Phone _____
Street Address _____ Work Phone _____ Ext. _____
City _____ State _____ Zip _____ Emergency Phone _____
E-mail address: _____ Cell Phone _____

Emergency Contact if parent/guardian listed above cannot be reached:

Name: _____ Relationship to Participant _____
Phone _____ ☐ Home ☐ Work ☐ Cell

MEDICAL CONSENT AGREEMENT AND RELEASE: I hereby authorize the Lexington-Fayette Urban County Government (its agents, employees, representatives, elected or appointed officials or designees and the agents or employees of its Division of Parks and Recreation, collectively referred to as "LFUCG"), to act for me according to their best judgment in an emergency requiring medical attention for me or my son, daughter, or ward and/or to treat me/my child for any injury/illness that I/he/she sustains during participation in any designated Parks and Recreation activity. I authorize admission to any hospital designated by LFUCG, if advance care (x-rays, tests, etc) is required. It is understood that every reasonable attempt will be made to notify the parent/guardian/named emergency contact of the participant in or to grant any additional authorization for any surgical procedure. Also, I waive and release the LFUCG from any and all liability for any injuries or illnesses incurred while participating in the above activity(s).

I understand that I am responsible for any costs incurred due to injuries received in participating in the above activity(s) covering medical and dental expenses. I further accept responsibility that I and/or my son, daughter or ward, is physically able to participate in the above activity(s).

Signature of Parent/Guardian: _____ Date: _____
**cannot accept registration without signature*

WAIVER AND RELEASE AGREEMENT:

- (1) I understand and agree that I or my child hereby voluntarily assumes any risk of injury that may arise out of my/his or her participation in the above activity(s) and that the LFUCG assumes no responsibility whatsoever for any injury or damages which may result to me or my child from participation in a Parks and Recreation activity(s).
- (2) In consideration of the entry of me/my child into the Parks and Recreation activity(s), I, intending to be legally bound, do hereby for myself, my heirs, executors, and administrators, do hereby waive, release and forever discharge the LFUCG from any and all claims, demands, damages, or injuries or causes of action whatsoever which may arise as a result of or in connection with, association or entry into in and/or arising out of, traveling to or from, and participation in the activity(s), and I hereby agree to hold the LFUCG harmless for any injury or damages or claims to person or property resulting from the above-mentioned participation.
- (3) I hereby represent that the above participant is in good physical condition and has no disease or injury that would keep the participant from taking part in the activity(s) and I accept responsibility that I and/or my son, daughter or ward, is physically able to participate in the above activity(s).
- (4) I allow the likeness or picture of me/my child to appear in any official documentary, sponsor advertisement or television coverage, whatsoever, of this capacity in any manner incidental to participation in this event/program without compensation to me, my heirs, executors, agents and/or administrators.
- (5) I understand that Parks and Recreation will issue a 50% refund only if a refund request form is submitted 7 business days prior to the start of the activity, except in special circumstances such as medical reasons.

I hereby assert that I fully understand and agree to these waivers and agreements.

Signature of Parent/Guardian: _____ Date: _____
**cannot accept registration without signature*

Lexington-Fayette Urban County Government / Division of Parks and Recreation Athletics Department
545 North Upper Street, Lexington, Kentucky 40508 Phone: (859) 288-2917 Fax: (859) 254-0142 www.lfucg.com/parks

: **COMPLETE REGISTRATION ON REVERSE SIDE OF FORM or SECOND PAGE ON WEB SITE**

2016 YOUTH TACKLE FOOTBALL PROGRAM -- PLAYER REGISTRATION

Registration Period: June 1 – July 31, 2016

Participant's Name: _____

TACKLE FOOTBALL REGISTRATION FEE \$55 (uniform not included)

FLAG FOOTBALL REGISTRATION FEE \$35 (uniform not included)

Registration Fee and any other required documents must be submitted with this form. Fee is payable to Parks & Recreation by check, money order, credit card, or cash in exact amount. A 50% refund for Football registration fees can be processed if a written refund request form is submitted to the Athletics Office by August 19, 2016.

Only football players that have previously played for a team in their current age division may register as returning players for that team. All other players must register as a new player. Players who choose to change teams must register as a new player. New players will be automatically assigned after August 1 if a park has registrations that warrant only a single team in an age division. Parks with multiple teams in an age division will conduct a draft at their park for the 7&8 year old division on Monday, August 1 at 6:30 and a draft for the 9&10 and 11&12 year old divisions on Tuesday, August 2 at 6:30.

Division eligibility is determined by player's age as of August 1, 2016.
Select division and location by checking the appropriate box below.

Flag Football (ages 5 & 6)	8U DIVISION (ages 7 & 8)	10U DIVISION (ages 9 & 10)	12U DIVISION (ages 11 & 12)
Constitution Park <input type="checkbox"/> new player 741000	Constitution Park <input type="checkbox"/> new player 740000 <input type="checkbox"/> returning Falcons 740001 <input type="checkbox"/> returning Titans 740002	Constitution Park <input type="checkbox"/> new player 740030 <input type="checkbox"/> returning Titans 740031 <input type="checkbox"/> returning Falcons 740032	Constitution Park <input type="checkbox"/> new player 740060 <input type="checkbox"/> returning Titans 740061
Douglass Park <input type="checkbox"/> new player 741001	Douglass Park <input type="checkbox"/> new player 740003	Douglass Park <input type="checkbox"/> new player 740033	Douglass Park <input type="checkbox"/> new player 740063
Douglas Park (P.A.L.) <input type="checkbox"/> new player 741002	Douglas Park (P.A.L.) <input type="checkbox"/> new player 740006	Douglas Park (P.A.L.) <input type="checkbox"/> new player 740036	Douglas Park (P.A.L.) <input type="checkbox"/> new player 740066
Idle Hour Park <input type="checkbox"/> new player 741003	Idle Hour Park <input type="checkbox"/> new player 740009	Idle Hour Park <input type="checkbox"/> new player 740039	Idle Hour Park <input type="checkbox"/> new player 740069
Martin Luther King Park <input type="checkbox"/> new player 741004	Martin Luther King Park <input type="checkbox"/> new player 740013 <input type="checkbox"/> returning Broncos 740014	Martin Luther King Park <input type="checkbox"/> new player 740044 <input type="checkbox"/> returning Broncos 740045	Martin Luther King Park <input type="checkbox"/> new player 740072 <input type="checkbox"/> returning Broncos 740073
Shillito Park <input type="checkbox"/> new player 741005	Shillito Park <input type="checkbox"/> new player 740016 <input type="checkbox"/> returning Wildcats 740020	Shillito Park <input type="checkbox"/> new player 740047 <input type="checkbox"/> returning Cardinals 740051	Shillito Park <input type="checkbox"/> new player 740075 <input type="checkbox"/>
Southland Park <input type="checkbox"/> new player 741006	Southland Park <input type="checkbox"/> new player 740022 <input type="checkbox"/> returning Chiefs 740023 <input type="checkbox"/> returning Bengals 740025	Southland Park <input type="checkbox"/> new player 740053 <input type="checkbox"/> returning Chiefs 740054	Southland Park <input type="checkbox"/> new player 740078 <input type="checkbox"/>

PARKS & RECREATION LEXINGTON, KY

Athletics Office
545 N. Upper Street
Lexington KY 40508

NOTE: If there is more than 1 team in the age division at a park, new players that are siblings of a returning player or sons/daughters of the HEAD coach must complete the following team assignment information in order to be placed on the appropriate team. NO OTHER TEAM ASSIGNMENT REQUESTS ARE ACCEPTED AS AUTOMATIC OR GUARANTEED.

Team Assignment Information Team Name _____

☐ sibling is returning player on this team /name of sibling _____

☆ We depend on the support of parents and volunteers who serve as coaches and team parents to provide the best program possible for our youth. Please consider coaching or assisting with a team. All coaches complete an application that includes a background check. Coaches receive pre-season sports-specific training and support through the season. Every minute working with a child becomes a lifelong memory that is well worth your time. You can find an application online or check a box below to be contacted at a later date.

☐ Head Coach ☐ Asst Coach ☐ Team Parent Name: _____ Phone: _____