



TOWN OF
LOWELL
CULTIVATING COMMUNITY

PARKS AND RECREATION YOUTH SOCCER REGISTRATION

Last Name _____ First _____ Age _____

Address _____ City _____ State _____

Parent Name _____ Phone _____

Parent Name _____ Phone _____

Emergency Contact Person _____

Relationship to Player _____ Phone _____

Age Division : Pee-Wee (4-5) Intermediate (6-8) Major (9-12)

Please note that it is the parents' discretion to pick the appropriate age for their child. Please list everything that the coach needs to be aware of regarding allergies, health issues or special accommodations.

List your team preferences here. We will do our best to accommodate but it is not guaranteed.

Coach _____ Practice days and times _____

Additional Requests _____

Please let us know if your player has a sibling in either the same division or different division.

Sibling Name _____

Player Shirt Size

YXS (6T) YS(4-5) YM (6-8) YL (10-12) YXL (14-16)
 AS AM AL AXL

(OVER)

Town of Lowell/Lowell Parks Department Waiver of Liability Updated 1/2023

The undersigned is the adult program participant or is the parent or legal guardian of the program participant or volunteer for the program. The undersigned hereby states that s/he understands the activities that will take place in this program, and that the program participant is physically and mentally able to participate in this program. The undersigned recognizes, as with any activity, there is risk of injury. In the event that the program participant sustains an injury in the course of the program, and the Lowell Parks and Recreation Department is unable to contact the appropriate person(s) to obtain consent for treatment, the Department and/or its employees or volunteers are authorized to take reasonable steps to obtain appropriate medical treatment. The program participant and/or his/her parent or legal guardian shall be responsible for the cost of such treatment. The undersigned now releases the Town of Lowell, the Lowell Parks and Recreation Department, its employees, agents, and assigns, from any claims including, but not limited to, personal injuries or damage to property caused by or having any relation to this activity. It is understood that the release applies to any present or future injuries and that it binds the undersigned, undersigned's spouse, heirs, executors and administrators. The Program Participant may be photographed and videotaped while participating in Parks and Recreation activities and while attending Parks and Recreation events, and consent is given for the reproduction of such photos or videos for advertising and publicity. Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19, The novel Coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is highly contagious and is believed to spread mainly from person-to-person contact. Lowell Parks and Recreation Department has put in place preventative measures to reduce the spread of COVID-19; however, the Department cannot guarantee that the program participant, or the program participant's household members will not become infected with COVID-19. Further, attending the program could increase the risk of the program participant, or the program participant's household members of contracting COVID-19. By signing this agreement, the undersigned acknowledges the contagious nature of COVID-19 and voluntarily assumes the risk that the program participant, or other members of the program participant's household may be exposed to or infected by COVID-19 as a result of attending the program and that such exposure or infection may result in personal injury, illness, permanent disability, and death. The undersigned also acknowledges and understands that all of the risks of COVID-19 are not known and that the risk of becoming exposed to or infected by COVID-19 at the program may result from the actions, omissions, or negligence of the program participant and others, including, but not limited to, Lowell Parks and Recreation employees, volunteers, and other program participants and their families. The undersigned voluntarily agrees to assume all of the foregoing risks, known and unknown, and accept sole responsibility for any injury or loss to the program participant, and other members of the program participant's household. The undersigned hereby waives, releases, discharges, and agrees to hold harmless, indemnify, and not sue Lowell Parks and Recreation Department, its employees, agents, officers, directors, affiliates, members, volunteers, and representatives (collectively, "Releasees"), of and from any and all claims, liabilities, actions, damages, costs or expenses of any kind arising out of or relating thereto. The undersigned further agrees that this release includes any Claims based on the actions, omissions, or negligence of the Releasees, whether such claim arises before, during, or after participation in any Parks and Recreation program. I have read and understand all of the foregoing terms. I agree with the terms and sign voluntarily.

Print Participant's Name _____

Signature of Parent or Legal Guardian or Self _____

Date _____

Fees: \$70 (Resident) \$75 (Non-Resident) Please make all checks payable to the Town of Lowell.

Registration forms can be mailed along with payment to:
Lowell Town Hall • 501 E. Main Street • Lowell, Indiana • 46356
Drop Boxes at Town Hall can be utilized, please indicate Parks Department on the envelope