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255 Magnolia Street/P. O. Box 172, Lincoln, Alabama 35096
205-763-1006/205-763-3013...Fax 205-763-1562

Lincoln Youth Sports Waiver and Release Form

Soccer

Name _____

Email Address _____

Age _____ Grade _____ DOB _____ M/F _____

Mailing Address/City/State _____

Home Phone _____ Other Phone _____

Emergency Contact Person(s) and Phone number _____

Allergies/Disabilities _____

Name of Insurance Company _____ Contract Number _____

Age as of August 1st of present year
(Circle player's age group)

- | | | | |
|-----------|------------|------------|------------|
| 5 & under | 9 & under | 13 & under | 18 & under |
| 7 & under | 11 & under | 15 & under | Other |

I/we the parents/guardians of the above name participant do hereby give my/our approval and permission to his/her participating in the Lincoln Parks and Recreation Department sporting activity. I/we assume all risk and hazards, incidental to such participation including transportation to and from the activities; and I/we do hereby waive, release, absolve indemnify and agree to hold harmless the City of Lincoln, Lincoln Parks and Recreation and staff, supervisors, coaches, participants, officials, and person(s)/volunteers working with the games/tournament, and/or from activities for claim arising out of any injury to my child/participant. I further understand that Lincoln Park is a game facility and not for practice. I shall adhere and abide by All Park and League Rules.

Parent/guardian Signature _____ Date _____

Parent(s) Name interested in coaching _____

******Sizes: (Please Circle and Indicate on line if your player needs a Youth or Adult Size)******

Shorts _____ Shirt / Jersey _____

----- Office Use Only -----

Registration Fee Amt. Paid _____ Check # _____ Cash _____ Date Paid _____

Received by _____ Receipt Number _____ Birth Certificate Attached _____