

AAU Youth Programs Registration Form

City of Chelan Parks & Recreation Division
619 W. Manson Hwy. PO Box 1669
Chelan, WA 98816
(509) 682-8023

PARTICIPANT INFORMATION:

This Registration: Co-ed Soccer Basketball Mini Tee Ball Tee Ball
 Girls Softball Boys Baseball Jr. Golf Tennis

Last Name: _____ First Name: _____ Date of Birth: _____

Age: _____ (on May 1st) Gender: M F (circle one) Grade: _____

Mailing Address: _____ City: _____ Postal Code: _____

Home Phone: _____ Work Phone: _____ Parent / Guardian Name: _____

Shirt Size (circle one) **Youth:** Small Med Large XLarge **Adult:** Small Med Large XLarge
Pant Size (circle one) **Youth:** Small Med Large XLarge **Adult:** Small Med Large XLarge

I would like to help by (circle choice): Coaching Asst. Coaching Umpire Sponsoring

HOLD HARMLESS: I, the undersigned, Parent/Guardian, assume all risks and hazards incidental to participating in this activity and do hereby waive, release, absolve, indemnify and agree to hold harmless the City of Chelan, Their supervisors, participants and coaches from any claim arising out of injury to my child. I, the undersigned, Parent/Guardian of the participant, am fully aware of the potential dangers and risks involved with participating in this activity. This includes physical injury, death, or other consequences that may arise or result directly or indirectly from participation in the activity.

PHOTO/VIDEO RELEASE – I give my permission to have photos and/or video recordings taken of me or my child(ren) for publicity purposes during City of Chelan activities even though we will not receive compensation of any kind for appearing in such photos or video recordings.

Parent Signature: _____ **Date:** _____

Official Use Only

Date Paid: _____ **Amount Paid:** _____ **Check #:** _____ **Cash:** _____ **Receipt #** _____