

2010 Recreation Registration Form

Please sign and return to your child's school in an envelope marked "Sibley Recreation" by Tues Aug 31st .

Name _____ Grade _____
Parent's Names _____ Sex M F
Address _____ City _____
Home# _____ Work# _____ Cell# _____
Email _____

Emergency Contact in case parent/guardian cannot be reached:

Name _____ Phone# _____

Any known medical condition: _____

Waiver or Release of Liability: I hereby certify that my child is in normal health and capable of safe participation in the City of Sibley Recreation Program. I assume all risks and hazards incidental to the conduct of the Recreation Department programs, and I agree not to hold the City of Sibley, the Recreation Department, employees, agents and sponsors responsible for any injury that may occur during the participation of Sibley Recreation Programs. I hereby authorize the Sibley Recreation Department to obtain medical treatment, for my child, in the event that the parent/guardian or emergency contact cannot be reached. I affirm that I am voluntarily allowing my child to participate in the City of Sibley Recreation Programs and acknowledge that there are inherent risks in participating that cannot be eliminated even when the greatest care is taken. I know, understand, and appreciate these inherent risks. **I give permission to keep this signature on file for all future online program registrations.**

(Signature of parent/guardian)

Mark each activity with (X)

Soccer: K-6th Grade () \$10.00 Volleyball 3rd-4th () \$ 10.00

Soccer: P/PK Parent/Child () \$10.00 Volleyball 5th-6th () \$ 10.00

Placekick, Punt, & Throw () FREE 5th Quarter Donation \$ _____

- REGISTRATION FOR THIS WILL BE AT 3:45PM SEPT. 24th

S.T.E.M. () \$20.00 () \$15.00 for additional family members

***Volunteer Coach for 3rd-4th volleyball _____

***Volunteer Coach for 5th-6th volleyball _____

***Volunteer Coach for K-6 soccer _____

***Volunteer Coach for Preschool Parent/child soccer _____