

# S.M.I.L.E.S. RECREATIONAL LEAGUE

*Simply Making Individual Lives Easier with Sports*

## REGISTRATION FORM

SPORT (CIRCLE ONE)			
BASKETBALL BOWLING CHEERLEADING TENNIS VOLLEYBALL SWIMMING			

Last Name	First Name	Initial	Sex

Physical Address & Mailing Address	City	State	Zip Code

Player's Phone	Birthday	Birth Certificate Number

Father's Name	Business Phone	Home Phone	Player's Shirt Size

Mother's Name	Business Phone	Home Phone	Player's Pant Size

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**PARENTS, YOUR PROGRAM NEEDS YOUR HELP! PLEASE CHECK THE AREAS THAT WOULD INTEREST YOU.**

- Coach                     
  Fund Raising                     
  Concessions                     
  Team Mom  
 Assistant Coach                     
  Team Sponsorship                     
  Field Maintenance

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**RESIDENCY**

INITIAL     
 As a parent or legal guardian of the Youth Athlete listed on this registration, I hereby certify and affirm that this child does legally and actually reside at the address listed. I understand that if my child is found to be actually living at an address other than the one listed, he or she is subject to being suspended from the Lafayette Consolidated Government Recreation Program for at least one year and that I, as parent or guardian will also be subject to suspension for a period of 2 years. If a child is found to be participating in an incorrect neighborhood association, he/she will be reassigned to the correct neighborhood association at once, even if the regular season has already started.

**RELEASE OF LIABILITY/CONSENT FOR MEDICAL TREATMENT/EQUIPMENT**

As parent or guardian of the registrant, I agree to abide by the rules and regulations set forth for the Lafayette Recreation and Parks Youth Athletic Program (Program). I hereby release, discharge and/or otherwise indemnify the Program, the City and Parish of Lafayette, the Recreation Department under these civil entities, the national affiliations of the Program, the administrators of the Program, the sponsors, their employees and associated personnel against any claim by, or on behalf of, the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

As the parent or legal guardian of the above named player, I hereby give my consent for emergency medical care and transportation prescribed by a duly licensed Doctor of Medicine, or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependent. I also understand that there is accidental insurance associated with the Program, but that I am financially responsible for such consented emergency measures.

I agree to return to the Neighborhood Association any returnable equipment or uniforms loaned to players for the season. I agree to return such in the same general condition as I received them (consideration given to normal wear).

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return the completed forms to:

Lafayette Recreation & Parks Department  
 Therapeutic Department  
 500 Girard Park  
 Lafayette, LA 70503