Crosslake Park and Recreation's
2020 Youth Soccer Program

For Boys and Girls Kindergarten thru 1st Grade

Thursday's 5:30-6:30 & Saturday's 10:00 to 11:00

September 10th to approximately October 10th

Crosslake Park Softball Field

FEE: $30.00 Per Child

Please make checks payable to the City of Crosslake

Refund Policy: No refunds will be given after the second team practice.

If you are registering 2 or more players at different levels, separate payment/registrations are required.

Registration Deadline: September 8th

Program is dependent upon enlistment of volunteer coaches.
Without Volunteer coaches we will not be able to provide this program for your child.
Would you be willing to be a volunteer coach this season? **Please circle: Yes or No**

***Fee must accompany completed registration/waiver form and be received by this office (not submitted to a coach) before player may participate in any practice or game.**

Drop off or mail to : Crosslake Community Center
14126 Daggett Pine Rd
Crosslake, MN 56442 **Please Print**

Participant _____ **Age** _____

Primary Phone _____ **Secondary Phone** _____

Number the office/coach may text you at: _____

Mailing Address _____ **City** _____

Current Grade _____ **Shirt Size** YM YL AS AM
Circle One

Parent/Guardian Name _____

Email Address _____ _____
Team information and schedules will be emailed

Emergency Contact _____ **Phone #** _____

Waiver on back must be completed!

* For Office Use Only Receipt # _____ Date _____

WAIVER AND RELEASE/PRIVACY POLICY

Please read carefully before signing.

1. I wish my child (or ward) to participate in the Crosslake Youth Soccer Program (the "Activity") coordinated by the City of Crosslake and coached by appointed volunteers (collectively, the "City").
2. My child (or wards) participation in the Activity is voluntary. I acknowledge that participating in the Activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. I assume any and all risks, both known and unknown, while my child (or ward) is participating in the Activity.
3. To the best of my knowledge my child (or ward) is physically fit and has no physical or medical conditions that would prevent my child (or ward) from participating in the Activity. I acknowledge that the City recommend that prior to participating in the Activity, I should first consult with my physician and abide by any limitations set by my physician.
4. I understand and agree that neither the City or any person acting on behalf of the City, may be held liable in any way for any event which occurs in connection with the Activity which may result in harm, death, injury or other damage to my child (or ward). This waiver of liability does not waive liability for any injuries that my child (or ward) obtains as the result of willful, wanton or intentional misconduct by the City or any person acting on behalf of the City.
5. I agree to defend, indemnify and hold harmless the City for any expense or liability the City may incur as a result of my child's (or ward's) conduct, actions or omissions while participating in the Activity.
6. The terms of this Waiver and Release shall bind the members of my family, if I am alive, and my heirs, assigns and personal representatives if I am deceased.
7. The City of Crosslake is asking you to provide information which includes private information under the Minnesota Government Data Practices Act. This information will be used to enroll you in the program, in the administration of the program, and for emergency purposes. You are not legally required to provide the information the City is requesting and you may refuse to provide some or all of the information requested. However, the City may not be able to enroll you in the program if you do not provide sufficient information. With some exceptions, unless you consent to further release of private information, access to this information will be limited to City Employees and Volunteers involved in the program. However, state and federal law authorize release of private information without your consent if required by a court order, or permitted by other state or federal law.
8. I have read the above and understand the legal significance of signing this document.

*I certify that I am the parent or legal guardian of the above individual and hereby consent to his or her participation in the Activity. I have read and understand the above waiver and release of liability and I agree to be bound by the terms stated therein.

Parent/Guardian Signature _____ Date _____

COVID-19 STATEMENT: The Crosslake Parks and Recreation Department has developed policies, approved by the Crosslake City Council, for required social distancing and disinfecting procedures; however, there will be program equipment, facilities, etc., that cannot be disinfected. There will be "assumption of risk" on the part of participants for voluntary exposure to pathogens. PLEASE INITIAL THAT YOU HAVE READ THIS STATEMENT AND UNDERSTAND THE ASSUMPTION OF RISK.

Initial Here _____