

>>> PLEASE READ CAREFULLY BEFORE SIGNING <<<

I, the parent/guardian of the above named participant child, give my permission for him/her to participate in the Micanopy Youth Sports Recreation Program. I agree to hold harmless the Town of Micanopy and its representatives/agents/employees for any and all illnesses, accidents, or injuries that may occur in connection with Micanopy Youth Sports Recreation Program activities, and authorize the Town of Micanopy and its representative/agents/employees to obtain medical care when the parent/guardian is unavailable to give such permission.

PARTICIPATION AGREEMENT

PLAYER: As a participant in the Town of Micanopy Recreation Program I will conduct myself in a positive and responsible manner. I understand that I am here to learn sportsmanship and teamwork. Any misconduct may result in my not being allowed to take part in a game or practice, or to otherwise participate in the Micanopy Recreation Program. I agree to take reasonable care to not damage any equipment or facilities that belong to Micanopy or any town where we may be playing in a Recreation Program game. Foul or abusive language or action will not be tolerated and any such occurrence will result in the instigating party(s) being asked to leave Micanopy Town property including the ballpark.

Print name of Participant Child

Signature of Participant Child

PARENTS: I agree to be an active co-participant while my child is in the Micanopy Recreation Program, and will conduct myself in a positive and responsible manner. I understand that the Micanopy Recreation Program is meant to be an enjoyable learning experience for my child and his/her teammates and their families, as well as for players, coaches, and parents from visiting towns. Foul or abusive language or actions will not be tolerated and any such occurrence will result in the instigating party(s) being asked to leave Micanopy Town property including the ballpark.

Print name of Parent(s)/Guardian(s)

Signature of Parent(s)/Guardian(s)

Relationship to Participant Child _____

CONSENT FOR TREATMENT — IMPORTANT!

The Parent/Guardian will be notified in case of illness or injury as quickly as possible. In the event they cannot be reached, this Consent for Treatment allows for immediate interim care.

Emergency contact person in case Parent(s)/Guardian(s) cannot be reached:

Name _____ Phone _____

Family physician _____ Phone _____

(No family physician? Check here _____)

Allergies and other medical conditions _____

Required medication(s) _____

Accident insurance carrier _____ Policy # _____

(No accident insurance? Check here _____)

In the event of an illness or injury, I hereby authorize a representative of Micanopy Recreation to use his/her judgment in obtaining immediate medical care.

Agreed _____

Signature of Parent(s)/Guardian(s)

Date