AGREEMENT TO PARTICIPATE Activity	y/Sport to participate	e in:	
I, the undersigned parent or legal guardian, understand the inherent has spouse and/or my children that are involved with organized sports, class consent for my child to participate in Tremonton Parks and Recreation straumatic Head Injury Policy and agree to abide by it. I take full responit Corporation, its employees, sponsors and volunteers from any liability, Department to use my fees at their discreation. I give my consent for m	azards and risks of personal and sses or programs. I agree to info sponsored programs. I have read bility in his/her actions and agra loss, cost, or expense (Including	d emotional inju orm my child of d and acknowle ree to release, ir g attorney and i	ury or bodily harm possible to myself, my such risks. Knowing this, I hereby give my edge Tremonton City's Concussion and ndemnify and hold Tremonton City medical fees.) I authorize the Recreation
Parent Name:	Do you live in the Tr	remonton	city limits? ☐ Yes ☐ No
Phone Number:	Email:		
Address:	What elementary school	ol area do yo	u live in?
Child #1:	Boy or Girl Grade:	Age:	Shirt Size: Youth/Adult S M L XL
Child #2:	Boy or Girl Grade:	Age:	Shirt Size: Youth/Adult S M L XL
Child #3:	Boy or Girl Grade:		Shirt Size: Youth/Adult S M L XL
Method of Payment: ☐ Check ☐ Cash ☐ M	Money Order Mak	ke Checks	payable to "Tremonton City"
We rely on volunteers to help in the development of our young cannot play without a coach. Will you or a family member con		-	-
Parents Signature:	Date:		Youth Sports
AGREEMENT TO PARTICIPATE Activit	y/Sport to participate	e in:	
I, the undersigned parent or legal guardian, understand the inherent h spouse and/or my children that are involved with organized sports, cla consent for my child to participate in Tremonton Parks and Recreation Traumatic Head Injury Policy and agree to abide by it. I take full respon Corporation, its employees, sponsors and volunteers from any liability, Department to use my fees at their discreation. I give my consent for m	azards and risks of personal and sses or programs. I agree to info sponsored programs. I have rea ibility in his/her actions and agr loss, cost, or expense (Including	d emotional inj orm my child of ad and acknowl ree to release, i g attorney and	f such risks. Knowing this, I hereby give my ledge Tremonton City's Concussion and ndemnify and hold Tremonton City medical fees.) I authorize the Recreation
Parent Name:	Do you live in the T	remonton	city limits? Yes No
Phone Number:	Email:		
Address:			ou live in?
Child #1:	Boy or Girl Grade:	Age:	_ Shirt Size: Youth/Adult S M L XL
Child #2:	Boy or Girl Grade:	Age:	_ Shirt Size: Youth/Adult S M L XL
Child #3:	•	_	_ Shirt Size: Youth/Adult S M L XL
Method of Payment: ☐ Check ☐ Cash ☐ I	Money Order Mak	ke Checks	payable to "Tremonton City"
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