Parents—this is our general registration form that we use for most of our youth town recreation programs including soccer, flag football, volleyball, basketball, wrestling, instructional lacrosse, track and tennis.

Please print out this sheet. Complete the permission form and cut into the half-size sheet. You may mail it, with check if applicable, to: LCC, PO Box 98, LaFayette, NY 13084. You may also turn it directly in to the coach on the first day of the program or drop at the town offices, in a sealed envelope one week prior. 

*Baseball/softball (AVL), ULA lacrosse and Song Mtn skiing have different forms that are available before the upcoming seasons each year.*

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**Town of LaFayette/LaFayette Community Council**

**Participant Permission Form**

Name of player _______________________ Grade ____  Phone ____________
Mailing Address ____________________________________________________________
Email address for coach ______________________________________ Shirt size _______
Parents names (present at practices) _______________________________________

*We strongly urge parents to stay at practice/games. Name a responsible adult in your absence.*
Emergency contact if you are not present _______________________________________

Medical conditions or concerns we should know: ________________________________

I as parent/guardian of the above named child, hereby give my permission to participate in this LaFayette Community Council program. I am aware that participation may result in serious injuries, and that protective equipment does not prevent all injuries to players and do hereby waive, release, absolve, indemnify and agree to hold harmless the Town of LaFayette, LaFayette Community Council, the organizers, sponsors, coaches, employees and participants for any claim arising out of any injury to my child whether the result of negligence or for any other cause, as a result of his/her participation in the program.

My child has permission to participate in *(please list sport)*_____________________
Parent signature ____________________________ Date ________