



LaFayette Community Council Participant Permission Form

Sport: _____ Grade: _____ DOB: _____

Name of Player: _____ M or F

Mailing Address: _____ Phone: _____

E-mail Address: _____

Parents' Names: _____

We strongly urge parents to stay at practice/games. Name a responsible adult in your absence.

Emergency Contact (name and number): _____ / _____

Medical Conditions or Concerns We Should Know about: _____

I, as parent/guardian of the above-named child, hereby give my permission for my child 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.

Parent Signature: _____ Date: _____ Fee Paid: _____