



**City of Morehead
Parks & Recreation Department**

314 Bridge St. Morehead, KY 40351
Phone: 606-784-8686 Fax: 606-783-0840
Website: <https://morehead-ky.gov>
Facebook: Morehead Parks and Recreation Dept.



Youth Football Registration Form

Child's Name: _____ Age: _____ Grade: _____ DOB: _____

Male: ____ Female: ____ School: _____ Allergies: _____

Parent's Name: _____ E-Mail: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Emergency Contact Number: _____

Shirt Size	YS	YM	YL	YXL	AS	AM	AL	AXL	A2X	A3X
Pant Size	YS	YM	YL	YXL	AS	AM	AL	AXL	A2X	A3X

ALL FEES PAYABLE TO CITY OF MOREHEAD

Fees: Paid _____ Not Paid _____ | Cash _____ Check # _____ Credit _____

Please check appropriate box:

_____ K-2nd Flag Football \$40 _____ 5th-6th Tackle Football \$50
_____ 3rd-4th Tackle Football \$50 _____ Cheerleading \$45

ASSUMPTION OF RISK – WARNING: I understand that my child is susceptible to injury by participating in this activity and they participate on their own free will and with my expressed permission. In consideration of my child's entry into this activity through the Morehead Parks & Recreation Dept. I, as this child's parent or legal guardian, intending to be legally bound, do hereby for myself and heirs, executors, administrators and assigns, waive, release, and forever discharge all rights and claims, including any claims for loss, damages or injury to my child or property arising out of the performance of the Morehead Parks & Recreation Department and it's agents, any institution, organization or school system involved in this activity for any and all damages which may be sustained and suffered by my child in connection with association of entry in and/or arising out of my child's participation in this activity. I hereby consent to allow any picture or likeness to appear in any official documentary, sponsor advertising, webpage, social media or exclusive news coverage, in any manner incidental to my child's participation in this activity without compensation to me or my child.

Parent or Legal Guardian Signature: _____ Employee Initials: _____

RELEASE OF LIABILITY - READ BEFORE SIGNING



National Recreation
and Park Association

FOOTBALL PROGRAM

In consideration of being allowed to participate in any way in the MOREHEAD PARKS & REC. YOUTH FOOTBALL
(Name of Organization)
program, it's related events and activities, I _____, the undersigned,
(Name of Participant)
acknowledge, appreciate and agree that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular skills, equipment, and personal discipline may reduce the risk, the risk of serious injury does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASES of others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participants. If, however, I observe any unusual significant hazard during my presence or participating, I will remove myself from participating and bring such to the attention of the Company immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS THE MOREHEAD PARKS & RECREATION DEPT.
(Name of Organization)
their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and leasers of premises used for the activity ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the full extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X _____ / /
PARTICIPANT'S SIGNATURE AGE DATE SIGNED

FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINOR AGE
(UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

X _____ / /
PARENT/GUARDIAN'S SIGNATURE EMER. PHONE DATE SIGNED

THIS FORM SHOULD BE RETAINED BY ORGANIZATION NOTED ABOVE.

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