LEAGUE NAME TEAM NAME

COACH PHONE # ASST. COACH PHONE #

Please read this form carefully and be aware that in signing up & participating in this program you be waiving and releasing all claim for injuries you might sustain arising from this program.

NAME (please print)	ADDRESS	CITY	PHONE	SIGNATURE	AGE	PAID

As a participant of this program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, including death, damage or loss which I may sustain as a result of participating in any and all activities connected with or associated with the above named programs.

I do hereby fully release and discharge the Village of East Alton and the East Alton Parks & Recreation Department and its officers, agents, servants and employees from any and all claims from injuries, including death, damage or loss which I may have or which may accrue to me on account of my participation in the above named program,.