



Recreation Department Parental Authorization Form

(Type or Print Legibly)

Date _____

Activity _____

Child's First Name: _____ Middle Name: _____ Last Name: _____
(PLEASE CIRCLE THE NAME HE/SHE WANTS TO BE CALLED)

Street Address _____ City _____ St _____ Zip Code _____

Are you a resident of the city limits? Yes _____ No _____

Phone #'s: Cell (____) _____ Home (____) _____ Email _____

League Age _____ Date of Birth: _____ Birth Certificate On File: YES NO

[Month/Day/Year]

Shirt Size: (Youth) small medium large

(Adult) small medium large X-large 2X-large 3X-large

The Westminster Recreation Department requires that each participant is covered with an insurance program. If you have insurance please provide the following information for our records.

Insurance Agency: _____ Policy#: _____

IMPORTANT

One of the best ways to promote the City's programs is through photographs, artwork, and testimonials of its program participants. These may be used on the City's website and other promotional outlets and social media sites including Facebook.

I, the parent/guardian of the above named player, a minor, agree that I and the player will abide by the rules and regulations of the Westminster Recreation Department, its affiliated organizations and sponsors. In consideration of the player's participation in the programs intending to be legally bound, hereby release and indemnify the Westminster Recreation Department, City of Westminster, its employees, its volunteers, and its Council, from and against all claims, liabilities, damages or causes of action arising out of or in connection with the player's participation in the Programs. I hereby authorize the City of Westminster the right and permission to use, publish, reproduce sell, copyright, exhibit, broadcast, store and/or distribute photographs/film/video tapes/electronic representations and/or sound recordings made and I hereby release the City of Westminster from any and all liability from such use and publication and I specifically waive any right to any compensation I may have for any of the foregoing.

Name: _____

Print Name of Parent/Guardian

Signature: _____

Signature of Parent/Legal Guardian

BELOW IS FOR OFFICE USE ONLY

Amount Paid _____