

GREENBURGH PARKS & RECREATION

REGISTRATION DEADLINE: Please complete and return the application by
WEDNESDAY, September 23, 2020.
(NO late applications will be accepted after the deadline)

Applications should be mailed to: Greenburgh Parks & Recreation
11 Olympic Lane Ardsley, NY 10502

Or you can **Register Online** ... www.greenburghny.com/parks

For more information: contact (914) 989-1817 or cscialdone@greenburghny.com

PARENT'S PERMISSION AND RELEASE OF LIABILITY 2020 Soccer Training

Please Circle One:

(Age as of September 1st 2020 will be the determining factor)

<u>CO-ED</u> 6 & 7 Yr Old Boys & Girls - <u>0313-0</u>	<u>BOYS</u> 8 & 9 Yr Old Boys - <u>0313-3</u> 10 & 11 Yr Old Boys - <u>0313-5</u> 12 & 13 Yr Old Boys - <u>0313-7</u> 14 - 17 Yr Old Boys - <u>0313-9</u>	<u>GIRLS</u> 8 & 9 Yr Old Girls - <u>0313-4</u> 10 & 11 Yr Old Girls - <u>0313-6</u> 12 & 13 Yr Old Girls - <u>0313-8</u> 14 - 17 Yr Old Girls - <u>0313-1</u>
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PLEASE USE ONE FORM PER CHILD

CHILD'S NAME: _____

ADDRESS: _____
No. Street City State Zip

PHONE: _____ CELL PHONE: _____ AGE: _____ GRADE: _____

E-mail address (***REQUIRED***): _____

DATE OF BIRTH: _____ SCHOOL: _____ SEX: M/F: _____

TOWN OF GREENBURGH RELEASE OF LIABILITY

As a participant in the above program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risks of any injuries, damages or loss which I or my child may sustain as a result of such participation. I further state that I have explained the risk of participating in this sport or event to my child and he/she is still willing to participate. I further understand the Town of Greenburgh does not provide accidental medical coverage and it is my responsibility to provide appropriate coverage. I agree to waive and relinquish all claims and hold harmless the Town of Greenburgh parks and Recreation Department, and their officials, officers, agents, volunteers and employees from any and all claims, including claims that are due to negligence of the Town of Greenburgh parks and Recreation Department, and their officials, officers, agents, employees, and volunteers.

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____

Please list below the name and phone number of someone who may be contacted in case of an emergency.

NAME: _____ PHONE: _____ CELL PHONE: _____

(OVER)

Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. The Town of Greenburgh cannot prevent you, or your minor child(ren), from becoming exposed to, contracting or spreading COVID-19 while utilizing Town facilities. It is not currently possible to prevent against the presence of this disease. Therefore, if you choose to utilize the Town facilities and/or enter into or onto the Town's property you may be exposing yourself to, and/or increasing your risk of contracting or spreading, COVID-19.

ASSUMPTION OF RISK: By executing this **Waiver**, you acknowledge that you have read and understand the above warning concerning COVID-19 and you thereby choose to accept the risk of contracting COVID-19 for yourself and/or your minor children in order to utilize Town's services and enter into or onto Town's premises.

WAIVER OF LAWSUIT/LIABILITY: By executing this **Waiver**, you hereby forever release and waive your right to bring suit against the Town, its employees, volunteers and elected officials, and other Town representatives, in connection with exposure, infection, and/or spread of COVID-19 related to utilizing the Town's services, facilities and premises. You understand that this waiver means you give up your right to bring any claims, including for personal injuries, death, disease or property losses, or any other loss, including but not limited to claims of negligence, and give up any claim you may have to seek damages, whether known or unknown, foreseen or unforeseen.

I HAVE CAREFULLY READ AND FULLY UNDERSTAND ALL PROVISIONS OF THIS RELEASE AND FREELY AND KNOWINGLY ASSUME THE RISK AND WAIVE MY RIGHTS CONCERNING TOWN COVID-19 LIABILITY AS DESCRIBED ABOVE:

Signature: _____ Date: _____

Name (printed): _____

I am the parent or legal guardian of the minor named above and have the legal right to consent to the terms and conditions of this Release on behalf of those minors Named