



FOOTHILLS SPORTS ARENA
20__ YOUTH SPORTS
INDIVIDUAL WAIVER FORM

SPORT (circle one):
SOCCER LACROSSE

SEASON (circle one):
WINTER SPRING SUMMER FALL

TEAM NAME: _____
LEAGUE / SEASON: _____

PLAYER NAME: _____
ADDRESS: _____
CITY, STATE, ZIP: _____
DATE OF BIRTH: _____ AGE: _____

DAYTIME PHONE: _____
EVENING PHONE: _____
CELL PHONE: _____

EMAIL: _____

I affirm that the above player ("Player") has been informed of the Foothills League Rules and the Code of Conduct and has agreed to participate according to all rules and regulations of Foothills Park & Recreation District. I understand that sport of choice may have an element of danger and, as parent/legal guardian of the Player, take full responsibility for his/her actions and physical condition. I understand that Foothills Park & Recreation District is in compliance with the Jake Snakenberg Youth Concussion Act, which requires a youth player (ages 19 and younger) to be removed from play if a concussion is suspected and can only return to play with medical authorization. I release and agree to indemnify and hold harmless the Foothills Park & Recreation District and its representatives and agents from all claims or liability for damages and/or injuries, to the Player or any third parties, incurred in connection with any Foothills Park & Recreation District event or activity associated with this league and the Player's participation.

Parent / Legal Guardian (Print) _____

Parent / Legal Guardian Signature _____

Date _____

Foothills Sports Arena
3608 S. Kipling Parkway
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303-409-2444