

Registration Form



www.lakesarearec.org

1. Athlete's Information *(please print clearly)*

Name _____ Phone: (____) _____

____ Male ____ Female E-Mail Address: _____

Birthdate ____/____/____ Grade: _____ Teacher: _____ School: _____

Street Address: _____ City _____ Township _____

Parent(s)/Guardian(s) _____

Special Needs: _____

2. Program Selection *(please check one)* ____ Clinic (specify type: _____)

____ T-Ball ____ Boys Baseball ____ Girls Softball ____ Soccer ____ Basketball

3. Medical Information: ____ Fairview Lakes 651-982-7000 ____ St. Croix Hospital 715-483-0241

Other Hospital: _____ Doctor: _____ Phone(____) _____

4. Volunteers *(please help out in some way, this program is not possible without volunteers)*

____ Coach ____ Assistant Coach ____ Provide Transportation ____ Concessions ____ Other

Name: _____ Phone: (____) _____

5. Permission and Fees I give my permission for the above named athlete to participate in the LARA program, and I agree to abide by the LARA code of conduct, as well as the Mandatory Seat Belt Law when transporting athletes. I agree that all activities undertaken, by my child or myself, as part of this program are taken at our own risk. I am aware that injuries may occur and I accept full responsibility for any injury received while participating in the program. I hereby release the recreation association, its directors, coaches, umpires, or other sponsors from liability in the event of an injury to the above named athlete. I further authorize any immediate first aid treatment, until such time as the listed guardians or physicians can be contacted. I authorize release of permission of photo and video taping of my child for public or private use. *This is not a Chisago Lakes School District #2144 sponsored event/activity. All costs for this promotion have been paid for by the sponsoring organization.*

Signature: _____ Date: ____/____/____

Registration Fee: _____ Shirt (soccer only): _____ Late Fee: _____ Total: _____

FOR OFFICE USE ONLY Cash: _____ Check# _____

Date: ____/____/____ Total Received: _____ Rec'd by: _____

Mail Form to: LARA Registrations, P.O. Box 190, Lindstrom, MN 55045
Questions? e-mail lakesarearec@frontiernet.net