

Receipt# _____
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Cash Amt _____

COLUMBUS-LOWNDES RECREATION AUTHORITY
Under-8 Developmental Program
APPLICATION

Return this application & \$25.00

Player Name _____

Birth Date _____

Player Age _____

Player Gender (mark one)

Male Female

Is this child currently registered for the CLRA Fall Season? (mark one)*

Yes No

*You must be registered as a Rec player in order to register in the developmental program.

Name of CLRA U8 Team my child currently plays on: _____

Parent, are you interested in assisting with this program? (mark one)

Yes No

Father's Name _____
Street Address _____
Email Address _____

Home Phone _____
Work Phone _____
Cell Phone _____

Mother's Name _____
Street Address _____
Email Address _____

Home Phone _____
Work Phone _____
Cell Phone _____

Emergency Contact (other than parent) _____

Phone _____

Player's Shirt Size: (mark one)

Youth X-Small Youth Small Youth Medium Youth Large Adult Small
 Adult Medium Adult Large Adult X-Large Adult XX-Large Adult XXX-Large

STATEMENT OF UNDERSTANDING

The primary goal of the U8 Developmental Program is player development and preparing for the transition into U10 play. This is pursued through enhanced skills training and challenging conditioning. The U8 Developmental Program is not a DII Program. All U8 players registered for CLRA's Recreation Leagues are eligible for the U8 Developmental Program. The U8 Development teams may represent the CLRA in selected tournaments.

PARENTS, PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY!!!

I. I, the parent or guardian of the above named candidate, participant or registrant for a Columbus-Lowndes Recreation Authority team, program, camp or activity hereby give my approval to participate in any and all programs, practices, camps or activities during the season. I assume all risk and hazards incidental to such participation including transportation to and from activities; and I do hereby waive, release, absolve, indemnify and agree to hold harmless the Columbus-Lowndes Recreation Authority, the Board of Directors, the staff and employees directors, organizers, sponsors, supervisors, participants, and persons transporting my child to or from activities, for any claim arising out of an injury to my child. Insurance coverage is the sole responsibility of parents or guardian. The Columbus-Lowndes Recreation Authority does not carry any type of insurance for participants.

II. My child has my permission to receive emergency medical treatment.

III. My child may be photographed during any CLRA activities.

I have read and understand the above statements I, II & III:

Parent (Guardian) Signature _____

Date _____