

**Southport Recreation Association**  
**PO Box 125**  
**Pine City, NY 14871**  
**Phone: 607-731-6877 Website: SouthportRec.org**



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**PARENTAL WAIVER AND CONSENT FORM**

As the parent or legal guardian of the child named below, I hereby give my full consent and approval for my child to participate as a team member in the Southport Recreation Association's 2011 Boys and Girls Baseball, Basketball, and/or Lacrosse Program.

I understand that there are certain risks of injury inherent in the practice and play of these sports, as well as in traveling and other related activities incidental to my child's participation, and I am willing to assume these risks on behalf of my child. I hereby certify that my child is capable of participating in the Southport Recreation Association's 2011 Boys and Girls Baseball, Basketball, and/or Lacrosse Program and that my child is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in these activities, except as listed below.

In addition to giving my full consent for my child's participation, I do hereby waive, release, and hold harmless the organization of Southport Recreation Association, its Officers, coaches, sponsors, supervisors, representatives and volunteers, for any injury that may be suffered by my child in the normal course of participation in the Southport Recreation Association's 2010 Boys and Girls Baseball, Basketball, and/or Lacrosse Program and the activities incidental thereto, whether the result of negligence or any other cause.

\_\_\_\_\_  
Name of Child

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip

Please list any physical limitations such as allergies, hearing, sight, etc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date