

# City of Dover Parks & Recreation Department

## Waiver - Release Statement For Player Under 18 Years of Age

Circle Sport: Field Hockey Lacrosse Softball Volleyball Soccer Other: \_\_\_\_\_

Team Name: \_\_\_\_\_

PLEASE PRINT AND FILL OUT COMPLETELY	CITY OF DOVER RESIDENT - YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>Parent/Guardian</b> First Name: _____ M.I. _____ Last Name: _____		
Address: _____ City: _____ State: _____ Zip: _____		
Phone: (home) _____ (work) _____ (other) _____		

### *Participant/Player Information*

Player's First, M.I., Last Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

**RELEASE STATEMENT:** I understand that the City of Dover provides no medical coverage for participants unless specified and that all bills which may be incurred as a result of an activity-related injury are my responsibility. I hold harmless the City of Dover and all other parties involved in the conduction of these activities. I understand that any participant under the age of 18, playing in an adult league, must be accompanied by a parent/guardian at all City of Dover League games. I agree that any photographs taken during the event shall be and remain the property of the City of Dover, and that the City of Dover shall have the right to use such photographs and/or films whenever so desired free of any claims on my behalf.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***This waiver-release statement must be returned to Parks & Rec Department prior to participation.***

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