

**City of Hammond • Recreation Department**  
**City of Hammond Inclusive League (C.H.I.L.)**

**Child Form**

Children ages 6 - 13 are invited to participate in CHIL, an instructional league open to children with and without disabilities that focuses on development of recreational and sport skills, full inclusion, teamwork, cooperation and community, without score-keeping. Participation is free through Summer of 2009 (or until funds expended) by way of a grant from the Louisiana Developmental Disabilities Council.

Please mail completed forms to PO Box 2788, Hammond, LA 70404. If you have any questions about CHIL, please contact the Recreation Department at 985-277-5906.

**General Information for Participating Child**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Child is a: \_\_\_\_\_ Boy \_\_\_\_\_ Girl

Race: Caucasian African American Native American Asian Hispanic Other: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Street, PO Box, Apt #) (City, State) (Zip)

Shirt Size: Youth S Youth M Youth L Adult S Adult M Adult L Adult XL Other: \_\_\_\_\_

Shorts Size: Youth S Youth M Youth L Adult S Adult M Adult L Adult XL Other: \_\_\_\_\_

Medical Conditions or Other \_\_\_\_\_ None \_\_\_\_\_ Mobility \_\_\_\_\_ Personal Care

Special Considerations: \_\_\_\_\_ Communication \_\_\_\_\_ Behavior \_\_\_\_\_ Other

If a box other than "None" was checked above, please provide more detail: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Person to notify in case of emergency: \_\_\_\_\_ Phone: \_\_\_\_\_

Doctor to notify in case of emergency: \_\_\_\_\_  
Doctor's Agency Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Consent for Medical Treatment (Minor)**

As the parent or legal guardian of the above-named player, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my dependant.

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

**Primary Insurance Information**

Carrier: \_\_\_\_\_ If HMO, Hospitals Covered: \_\_\_\_\_  
Carrier No: \_\_\_\_\_

## Preferred Activities

Please select the activities in which your child may be interested:

Basketball

Softball

Tennis

Flag Football

Pool

Volleyball

Baseball

Soccer

Bowling

Other: \_\_\_\_\_

## Release of Liability

In consideration of their child(ren) being permitted to participate in any event or activity sponsored, promoted, or organized by the City of Hammond Recreation Department, the undersigned for himself or herself, personal representatives, heirs, assigns, relatives, and minor child(ren) HEREBY RELEASES the City of Hammond and its respective insurers, officers, officials, sponsors, employees, and their agents, hereafter referred to as RELEASEES, of any and all liability to the minor child, whether the child is for any purpose participating in such event or activity. It is fully understood by each of the undersigned that there is some inherent risk associated with the event or activity, including damages to property and personal injury.

IN ADDITION, the undersigned AGREES TO INDEMNIFY AND HOLD HARMLESS the Releases of any loss, liability damage, or cost they incur due to such participation by the child, whether caused by Releasee's negligent act or omission, acts or omissions of other participants, other persons or otherwise while the minor is participating in any event or activity organized and/or sponsored by the City of Hammond.

In signing this release, each of the undersigned hereby acknowledges and represents to the City of Hammond the following:

1. That he or she has read the foregoing Release and Waiver of Liability and Indemnity Agreement and fully understands its contents.
2. That his/her minor child(ren) participating in the event or activity are in good health, physically fit and physically able to participate in the event or activity.

For a participant under the age of 18 years, the parent with legal custody or the minor's legal guardian must sign this release form.

Event or Activity: City of Hammond Inclusive League (C.H.I.L.)

I have read and agree to all the terms presented in the Hammond Recreation Department's Release of Liability.

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

**Relationship to Participant:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Address:** \_\_\_\_\_

## Image Consent/Release

I hereby give permission for images of myself and the child for whom I am guardian that are captured during C.H.I.L. activities or events through video, photo, and digital camera to be used for purposes of documentation, promotion, and publicity of the program and its associated activities and waive any rights of compensation or ownership thereto.

As such, I relieve and hereby agree to hold the City of Hammond, C.H.I.L., affiliated organizations, and sponsors or partners of C.H.I.L. free and harmless from any and all liability arising out of interviews, footage, or photography and subsequent publication or broadcast. I understand that the recordings/interviews/photography are being carried out with my consent and so I assume full responsibility.

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

**Child for whom you are signing** \_\_\_\_\_

C.H.I.L. is brought to you by:

