

hammond area recreation department

Community Service Program

Name: _____ Age: _____ Male or Female (circle)

Phone Number: _____

Community Service Hours Need For: _____

Mailing Address _____

Street Address _____

Email Address _____

Shirt Size (circle): Youth S Youth M Youth L Adult S Adult M Adult L Other: _____

Mother's Name _____

Contact Number _____

Father's Name _____

Contact Number _____

Hammond Area Recreation Department Events: (check all that apply)

_____ H.A.R.D. Spring Cleaning Sale (Fundraiser)

Saturday, May 24, 2008

9 a.m.- 3 p.m.

Position (s): Salesperson, Gate person

_____ Summer Day Camp (ages 13-17)

Session #1: June 2- 13 _____

Session #2: June 16-27 _____

Session #3: June 30- July 11 _____

Session #4: July 14-25 _____

Session #5: July 28- August 8 _____

All session times are 7:30 a.m.- 5:30 p.m.

Position: Jr. Counselor

_____ Girls & Boys Summer Basketball

Starting: Monday, June 23, 2008 (for 4-5 weeks)

Girls 13-14 (Mondays- 5:30- 8:30 p.m.) _____

Girls 15-16 (Tuesdays- 5:30-8:30 p.m.) _____

Boys 13-14 (Wednesdays- 5:30-8:30 p.m.) _____

Boys 15-16 (Thursdays- 5:30- 8:30 p.m.) _____

Position(s): Scorekeeper, Gate person

_____ H.A.R.D. Cheer Car Wash (Fundraiser)

Saturday, August 16, 2008

9 a.m.- 3 p.m.

Position(s): Sign person, Washer, Cashier

_____ Hammond Gator Cheerleading Squad Tryouts

Thursday, September 25, 2008

4:30- 7:30 p.m.

Position(s): Crowd Controller, Sign person

_____ TangiSpirit Cheerleading Competition

Saturday, November 22, 2008

7:00 a.m.- 4:00 p.m.

Position(s): Gate person, Crowd Controller, T-shirt Salesperson, Restroom Attendant, Other

_____ Youth Basketball Tryouts

Thursday, December 4, 2008 (5:30- 8:30 p.m.) _____

Friday, December 5, 2008 (5:30- 8:30 p.m.) _____

Position(s): Sign-in Attendant

Hammond Area Recreation Department

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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: H.A.R.D. Community Service Program

Parent Name: _____

Relationship to Minor: _____

Telephone Number: _____

Address: _____

City, State, Zip: _____

Minor's Name: _____ Age: _____

Date of Birth of Minor: _____

Emergency Contact: _____

Telephone Number: _____

Relationship to Participant: _____

Signature: _____ Date Signed: _____

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's Signature

Primary Insurance Information

Carrier

Carrier Control #

If HMO, Hospitals Covered
