



2012 Hillsboro Area Lacrosse Organization (HALO) Registration Information

Participant Information

Name _____ Date of Birth _____
First Last Month/Day/Year

Boy _____ Girl _____ School Attending _____ Grade _____

Home Address _____
City Zip Code

T-Shirt Size: Grade 1 & 2 (Circle) **YS** **YM** **YL** **YXL** **AS** **AM**

Jersey Size: Grades 3 – 8 (Circle) **Youth XL** **Adult S/M** **Adult L/XL** **Adult XXL**

Are there any special needs including allergies that we should be aware of? No _____ Yes _____
If yes, please explain _____

Parent volunteers are needed to help run this program successfully. There are many different opportunities to help out during the season. Are you interested in helping with the program? Yes _____ No _____

Parent/Guardian Information

Mother _____ E-mail _____
First Last

Phone _____
Home Work Cell

Father _____ E-mail _____
First Last

Phone _____
Home Work Cell

Emergency Contact Information

Name _____ Relationship _____ Phone _____

Photography Permission

The City of Hillsboro Parks and Recreation Staff may take photos of participants enrolled in the HALO program. Please be aware that these photos are property of the City of Hillsboro and may be used in future catalogs, brochures, flyers or other promotional materials without prior consent or expectation of compensation.

Yes No Parent/Guardian Initials _____

Participant Waiver

The City of Hillsboro is providing parks and recreation services to the named participant. As part of the payment for these services, the participant assumes all risks of personal injury, death and property damage resulting from the provision of these services by the City of Hillsboro and its agents. Participant releases Hillsboro and its agents from any liability to the participant for personal injury, death, or property damage arising out of the provision of these services to the participant by the City and its agents. The City does not provide insurance coverage to the participant for this activity.

Parent/Guardian Signature _____ Printed Name of Parent/Guardian _____ Date _____