
DUKE ERICKSON CO-ED ADULT SOFTBALL LEAGUE
PERMISSION/WAIVER FORM FOR PLAYERS UNDER 18 YEARS OLD
(Must Be 16 Years Old By June 1, 2009 To Play)

Please return form to:

Town of Dryden Recreation Department, 93 East Main Street, Dryden, NY 13053
607-844-8888 • recreation@dryden.ny.us • www.dryden.ny.us/recreation-department

Name: _____ Male Female

Age: _____ D.O.B. ____/____/____ Grade: _____ School: _____

Parent/Guardian(s) Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Alternative Phone #: _____

E-mail Address: _____

Medical Concerns: _____

Emergency Contact: _____

Emergency Contact Number(s): _____

I, the undersigned parent or guardian of the child listed above, hereby give permission for my child to participate in the Town of Dryden Recreation Department sponsored program indicated above at my and his or her own risk. I understand that there is **NO accident insurance coverage** for any participant in the program. On behalf of myself, my child and any other guardian, I agree that we will abide by the rules and regulations of the program and will accept in good faith, any and all decisions of the officials/person(s) in charge.

I agree to defend, save and hold harmless the Town of Dryden and the Town of Dryden Recreation Department for any injuries, damages, claims, suits or causes of action occasioned by my child's participation in the said program and I hereby release from any and all liability the said Town of Dryden, Town of Dryden Recreation Department, the Duke Erickson League, and/or any person(s), property, or official(s) in relation to said program.

Please check one:

- I, the parent/guardian give permission for the Town of Dryden Recreation Department to take and release photos of my children for publicity reasons.
- I, the parent/guardian **DO NOT** give permission for the Town of Dryden Recreation Department to take and release photos of my children for publicity reasons.
- This child has had a physical exam within the last year and there are no medical restrictions to prevent participation in said program.
 - I, the parent/guardian give permission for said child to be transported (if needed), and treated by emergency medical personnel if I am not present.

Parent/Guardian Signature: 	Date:
---	----------------------