

**Tohono O'odham Nation
Recreation Division
Program / Activity Registration**

Program / Activity Name: LACROSSE ON THE NATION – COACH-THE-COACH SESSION

Participation Information:

Name of participant: _____ D.O.B: _____

Waiver of Liability on file? **Yes / No**

Parent/Guardian Information (if under 18):

Name: _____ Relation: _____

Address: _____ Home Phone: _____

Work phone: _____ Cell Phone: _____

Person(s) Picking Up Participant (if under 18) / Emergency Contact :

1. Name: _____ Phone: _____

Relation: _____

2. Name: _____ Phone: _____

Relation: _____

Any other information that staff should know?

I / child _____ will participate in the (Program Name) _____. I hereby grant the TOHONO O'ODHAM NATION RECREATION DIVISION (TONRD) and hereby release and hold harmless Tohono O'odham Nation; its Chairman and Council and any Officers, Employees, or Agents thereof, including without limitation the Tohono O'odham Nation Recreation Division from any and all claims, liabilities or demands whatsoever arising out of the enrollment or participation in this program by the participant herein. In case of injury, I authorize the Tohono O'odham Nation Recreation Division to summon professional help for treatment or transportation.

Participant Signature : _____ Date: _____

Parent/Guardian Signature (if under 18): _____ Date: _____