

LYNCOURT COMMUNITY RECREATION PROJECT, INC.

TEEN TIMERS APPLICATION FORM

2011-2012

- Membership fee is \$8.00 per year. Fee to replace lost card is \$2.00.
- Fees are due at registration and are non-refundable.
- Proof of residency will be required at registration; please come prepared to show proof.
- Make checks payable to **Lyncourt Community Recreation Project Inc.** (no cash by mail, please).
- Parent or legal guardian must sign registration form.
- Two 1"x 1" pictures (cut to size) of each member are required with each application.

PLEASE PRINT IN BLACK OR BLUE INK.

Name _____ Age _____ Grade _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

School _____

Parent/ Guardian Name _____ E-mail Address _____

Home Phone _____ Cell Phone _____ Work Phone _____

Emergency Guardian Name _____

Emergency Guardian Address _____ City _____ State _____ Zip _____

Emergency Guardian Phone _____ Cell Phone _____ Work Phone _____

I am aware of the inherent dangers of the program and warrant that my child is in good physical and mental health. I do hereby waive any responsibility and agree to hold harmless Lyncourt Community Recreation Project, Inc., Lyncourt School, the organizers, coaches, and participants for any claim arising out of any injury to my child, whether the result of accident, negligence, or any cause.

I HEREBY CERTIFY THAT ALL OF THE INFORMATION ON THIS FORM IS TRUE AND THAT THE MEMBER REGISTERED AND I THE PARENT HAVE BOTH READ AND AGREE TO ABIDE BY ALL TEEN TIMERS RULES.

Member Signature _____ Date _____

Parent Signature _____ Date _____

Witness Signature _____ Date _____

OFFICE USE ONLY: RESIDENT _____ NON-RESIDENT _____ DATE REGISTERED _____
AMOUNT PAID _____ CASH _____ CHECK # _____