

Summer Recreation Registration Form

(Complete a separate form for each participant)

Participant's Name			
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Date of Birth		2025-26 Grade		Age	
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(Please include cell numbers as we will try to set up some group texts)

Mom' Name		Cell Number	
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Dad's Name		Cell Number	
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Other Contact		Number	
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Please check the box next to the activities in which you would like to participate.

Activites	Cost	Activites	Cost
Baseball			
<input type="checkbox"/> Babe Ruth	75	<input type="checkbox"/> Golf	25
<input type="checkbox"/> Cadets	50	<input type="checkbox"/> Drama	45
<input type="checkbox"/> Pee Wee	50	<input type="checkbox"/> Basketball 1-4	10
<input type="checkbox"/> Mites	40	<input type="checkbox"/> Girls Basketball 5-8	10
<input type="checkbox"/> Tee Ball	40	<input type="checkbox"/> Sports Acceleration	30

Softball	
<input type="checkbox"/> 16/18U	50
<input type="checkbox"/> 14U	50
<input type="checkbox"/> Ponies	50
<input type="checkbox"/> Bantams	50
<input type="checkbox"/> Midgets	40
<input type="checkbox"/> Tee Ball	40

<p>RLCC Students in Cadets and Peewees may participate fully or only in practices and evening games. The daytime games maybe played with RLCC summer rec.</p> <p>Please indicate particiaption level</p> <input type="checkbox"/> Full Participation <input type="checkbox"/> Only Practices and Night Games
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Please put tshirt size for Teeball, Mites

Total Amount Due \$

\$	
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Midgets

<input type="checkbox"/>	YS
<input type="checkbox"/>	YM
<input type="checkbox"/>	YL
<input type="checkbox"/>	AS
<input type="checkbox"/>	AM
<input type="checkbox"/>	AL
<input type="checkbox"/>	AXL

Note: There is a \$200.00 family maximum.

Waiver:

I understand that participation in an activity or program is completely voluntary and that the activity or program being offered is for the benefit of the participant. The Red Lake Falls school district shall not be liable for any claims, injuries or damages, of whatever nature, incurred by the participant which are directly or indirectly attributable to the negligence, whether passive or active. On behalf of the participant, and myself I expressly release and discharge the School District, their agents or employees from any such claims, injuries or damages. I also understand this waiver includes any injuries that may result from the condition of the facility used in the activity or program.

Parent/Guardian Signature:

If there are any medical conditions that need to be known about the participant, please list them in the space below.

**Please turn in registration form and payment
to J.A. Hughes or Lafayette High School
by Friday, May 1
Please do not email it.**