



Weaverville/Douglas City Parks & Recreation District

101 Park Ave. Bldg. #3 PO Box 1453

Weaverville, CA 96093

Phone/Fax (530) 623-5925 wdcprdooffice@gmail.com

BASKETBALL CLINIC Registration Form

Player's Full Name: _____

Male or Female ___ Grade: _____ Age: _____ Birth Date: _____

Parents or Guardians: _____

Home Phone: _____ Cell Phone: _____

Email: _____ **Updates & Info emailed and posted on website

Address: _____

City: _____ State: _____ Zip Code: _____

Physician: _____ Physician Phone: _____

Any Medical Conditions, Allergies, ETC: _____

Sport: BASKETBALL CLINIC DATE OF CLINIC : _____ COMBO: YES or NO

Fee: \$15.00/CLINIC OR \$25.00 FOR BOTH CLINICS

Consent/Waiver Agreement and Photo Consent:

I/We consent to our child participating in the WDCPRD Recreation Department Programs. In participating in Recreation Programs, I hereby acknowledge that I/We understand that there are risks of accidents resulting in bodily harm arising out of those activities. I/We understand that Recreation activities are planned with the safety of the participants in mind. In case of emergency, accident or illness, if I/We am not present I/We hereby give our permission for the coach or representative of the Recreation Department to obtain any required medical attention my child may need. I/We will notify the coach of any physical limitations (allergies, hearing, sight, etc) or other additional information they need to know about my/our child. I/We further acknowledge that my child has the physical capacity reasonably necessary to engage in Recreation activity for which I have enrolled. I/We agree to be the party responsible for all medical expenses which are incurred in my behalf. It is understood and agreed that the County, the WDCPR District, Boards, employees, volunteers and agents shall be held harmless against all claims, damages, loss or expenses including attorney's fees arising out of or resulting from participation in recreation programs. I consent to be photographed and to allow WDCPRD to use photos taken of me and/or my minor child for promotional purposes in print, internet and broadcast.

_____ ** I have read the above waiver and understand the contents**

SIGNATURE (PARENT OR GUARDIAN)

Date

OFFICE USE Only: Cash ___ Check # _____ Amount Paid _____ DATE: _____

INT: _____

Liability Release Form

YOUTH BASKETBALL CLINIC- WDCPRD

My child is a participant in the above mentioned activity and I hereby waive, release and discharge any and all claims or rights to claims for damages or death, personal injury or property damage which my child may have, or accrue to him/her, as a result of their participation in said activity. This Release is intended to discharge in advance the promoters, sponsors, and any involved municipalities or other public entities (and their respective agents and employees), from and against any and all liability arising out of or connected in any way with said participation in said activity, even though that liability may arise out of negligence or carelessness on the part of a person or entities mentioned above.

I further understand that serious accidents occasionally occur during said activity, and that participants in such activity occasionally sustain mortal or serious personal injuries, and/or property damages as a consequence thereof. Knowing the risks of said activity, nevertheless, I hereby agree to assume those risks and to release and hold harmless all of the persons or entities mentioned above who, through negligence or carelessness, might otherwise be liable to my child, or my heirs or assigns for damages. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns.

I, _____, fully understand and agree to the above terms.

Players Name: _____

(Parent or Legal Guardian Signature)

Date