



Weaverville/Douglas City Parks & Recreation District
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Weaverville, CA 96093
Phone/Fax (530) 623-5925 wdcprdooffice@gmail.com

CO-ED ADULT VOLLEYBALL LEAGUE Registration Form

Player's Full Name: _____

Parents or Guardians (if applicable): _____

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: CO-ED ADULT VOLLEYBALL LEAGUE

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 IF UNDER 18)

Date

Liability Release Form

This agreement releases Weaverville/Douglas City Parks & Recreation District, hereby referred to as **WDCPRD** from all liability relating to injuries that may occur from participation in Co-Ed Adult Volleyball League. By signing this agreement, I agree to hold **WDCPRD, and its heirs or assigned agents**, entirely free from any liability, including financial responsibility for injuries incurred, regardless of whether injuries are caused by negligence. Participant agrees to defend, indemnify and hold harmless, WDCPRD, Trinity County, Trinity Alps Unified School District, their elected or appointed officials, employees, agents and volunteers, individually and collectively, from and against all costs, losses, claims, actions and judgments arising from personal injuries, property damage or otherwise, regardless of cause, that may arise in any way from or be alleged to be caused by the undersigned's use or occupancy of District facilities, furniture or equipment. The release is intended to discharge the promoters, sponsors, and any/all 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 participation in TISL, even though that liability may arise out of negligence or carelessness on the part of the person or entities mentioned above.

I also acknowledge the risks involved in **Co-Ed Adult Volleyball League**. These include but are not limited to ligament sprain, joint sprains, joint separation, concussion, brain damage and/or death. I swear that I am participating voluntarily, and that all risks have been made clear to me. Additionally, I do not have any conditions that will increase my likelihood of experiencing injuries while engaging in this activity.

By signing below I forfeit all right to bring a suit against **WDCPRD** for any reason. In return, I will receive participation in **Basketball League**. I will also make every effort to obey safety precautions as listed in writing and as explained to me verbally. I will ask for clarification when needed.

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

Players Name: _____

(Parent or Legal Guardian Signature if under 18)

Date

Weaverville/Douglas City Parks & Recreation District

Athlete Code of Conduct

Adults involved in Weaverville/Douglas City Parks & Recreation District, referred to as WDCPRD, sports events should be models of good sportsmanship and should lead by example by demonstrating fairness, respect and self control.

I therefore pledge to be responsible for my words and actions while attending, coaching, officiating or participating in a youth sports event and shall conform my behavior to the following code of conduct:

1. I will not engage in unsportsmanlike conduct with any coach, parent, player, participant, official or any other attendee.
2. I will not encourage my child, or any other person to engage in unsportsmanlike conduct with any coach, parent, player, participant, official or any other attendee.
3. I will not engage in any behavior which would endanger the health, safety or well being of any coach, parent, player, participant, official or any other attendee.
4. I will not encourage my child, or any other person to engage in any behavior which would endanger the health, safety or well being of any coach, parent, player, participant, official or any other attendee.
5. I will not use drugs or alcohol while at a WDCPRD sports event and will not attend, coach, officiate or participate in a WDCPRD sports event while under the influence of drugs or alcohol.
6. I will not permit my child, or encourage any other person to use drugs or alcohol at a WDCPRD sports event and will not permit my child, or encourage any other person, to attend, coach, officiate or participate in a youth sports event while under the influence of drugs or alcohol.
7. I will not engage in the use of profanity.
8. I will not encourage my child, or any other person, to engage in the use of profanity.
9. I will treat any coach, parent, player, official or any other attendee with respect regardless of race, creed, color, national origin, sex, sexual orientation or ability.
10. I will encourage my child to treat any coach, parent, player, official or any other attendee with respect regardless of race, creed, color, national origin, sex, sexual orientation or ability.

WDCPRD Sports Code of Conduct continued:

11. I will not engage in verbal or physical threats or abuse aimed at any coach, parent, player, participant, organizer or any other attendee.
12. I will not encourage my child, or any other person, to engage in verbal or physical threats or abuse aimed at any coach, parent, player, participant, organizer or any other attendee.
13. I will not initiate or participate in a fight or scuffle with any coach, parent, player, organizer, participant, official or any other attendee.
14. I will not encourage my child, or any other person to initiate or participate in a fight or scuffle with any coach, parent, player, organizer, participant, official or any other attendee.

I hereby agree that if I fail to conform my conduct to the foregoing while attending, coaching, officiating or participating in a youth sports event, I will be subject to disciplinary actions, including but not limited to the following in any order or combination:

1. Verbal warning issued by coach, official, or WDCPRD official agent.
2. Written warning issued by coach, official or WDCPRD official agent.
3. Suspension or immediate ejection from youth sports event issued by an official or WDCPRD official agent.
4. Suspension from multiple sports events issued by WDCPRD official agent.
5. Season suspension or multiple season suspension issued by WDCPRD official agent.

All decisions by WDCPRD official agent or District Board are final.

_____	_____	_____
Print Player Name	Player Signature	Date

_____	_____	_____
Print Parent/Guardian Name (If player is under 18)	Parent/Guardian Signature (If player is under 18)	Date