McKinleyville Parks & Recreation

2018 Adult 3 on 3 Basketball League

TEAM ENTRY FORM

This form must be submitted at the time of registration.

TEAM NAME:	
MANAGER NAME:	
MANAGER PHONE:	
MANAGER EMAIL:	
PLAYERS:	
•	PHONE:
	PHONE:
•	
)•	DUONE
)•	PHONE:
•	PHONE:
8	

Registration Fee is \$135.00 per team. Games will be played on Thursday evenings at the McKinleyville Activity Center, 1705 Gwin Rd. McKinleyville

OFFICE CODE

MCKINLEYVILLE COMMUNITY SERVICES DISTRICT Parks and Recreation P.O. Box 2037, McKinleyville, CA 95519 - 839-9003

Adult Consent & Liability Release Form: 3 on 3 Basketball League

I, the undersigned, understand that participation in some recreation activities is inherently hazardous, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of injury does exist. I, the undersigned, certify that I am in good health and able to participate in activities for which I register and/or pay the program fee. I, the undersigned, hereby acknowledge that I am voluntarily participating and agree to assume any risks associated with my participation in the 3 on 3 Basketball League sponsored by the McKinleyville Community Services District from January 1, 2018- Dec. 31, 2018, and fully understand participation in said program may expose participants to the risk of personal injury, death, or property damage. I hereby release, discharge, and agree not to sue the McKinleyville Community Services District for any injury, death, or damage to, or loss of personal property arising out of or in connection with participation in said programs from whatever cause, including the active or passive negligence of the McKinleyville Community Services District or other participants in said program. In consideration for being permitted to participate in said program, I hereby agree, for myself, my heirs, administrators, executors, and assigns that I shall indemnify and hold harmless the McKinleyville Community Services District, its' agents and employees, from any and all claims, demands, actions, or suits asserted by me or on my behalf out of or in connection with participation in said program. I have carefully read this release, hold harmless, and agreement not to sue and understand its' contents. I am aware that it is a full release of all liability and I sign it on my own free will.

	PARTICIPANT NAME:	SIGNATURE:	DATE:
1			
2			
3			
4			
5			
6			
7			
8			

^{**} Please note that each team is limited to eight players on the roster.

2018

MCKINLEYVILLE COMMUNITY SERVICES DISTRICT (MCSD) Parks and Recreation

OFFICE CODE

P.O. Box 2037, McKinleyville, CA 95519 839-9003

Youth Registration & Parental Consent Release and Waiver of Liability Form:

Basketball, Tot-letics, Futsal, KidsClub, KidsCamp, BreakOut, Babysitting, KidsNight, Pickleball, Dog Obedience, Dog Rally/Agility, Birthday Parties, Skating, Jiu Jitsu, Dodgeball, Volleyball, Special Events, Dances, Softball, PlayGroup and other activities authorized by my payment.

I, the undersigned, attest that I am the stated minor's parent/legal guardian. As such, I hereby give permission for said minor to participate in any activity sponsored by McKinleyville Community Service District (MCSD). In consideration of the acceptance of an application on behalf of said minor for participation in any programs offered by MCSD, but not limited to any activity occuring from January 1, 2018 - December 31, 2018, I fully understand said minor's participation in recreation programs may expose participant to the risk of personal injury, death, or property damage. I hereby acknowledge said minor will be voluntarily participating in specific programs authorized by my payment and, as such, agrees to assume any risks associated with said programs. I hereby release, discharge, and agree not to sue MCSD for any injury, death, or damage to, or loss of personal property arising out of or in connection with participation in any said programs from whatever cause, including the active or passive negligence of MCSD or other participants in said program. In consideration for said minor being permitted to participate in said programs, I hereby agree, for myself, my heirs, administrators, executors, and assigns that I shall indemnify and hold harmless MCSD, its' agents and employees, from any and all claims, demands, actions, or suits asserted by me or on my behalf out of or in connection with said minor's participation in said program.

Furthermore, I have the legal right and hereby give permission for my son/daughter/ward to participate and be photographed /video taped in any activity sponsored by MCSD. I have the legal right to and hereby give permission for any use of photos or videos of said participant without limitation (including public release) or consideration.

I have carefully read this release, hold harmless, and agree not to sue MCSD or any of its affiliates and understand its contents. I am aware that this is a full release of all liability and I sign it on my own free will.

Please Print Clearly		
Primary Guardian (Head of Household): First	Date of Birth: //	
Primary Phone #:		
Secondary Guardian (living at same address):	Date of Birth:/	
Primary Phone #:	====	
Mailing Address:		
City, State Zip:		
Email address (required for online access):		
Guardian Signature:	Today's Date:	
	•	
Minor's Name:	Male Female	
First Last		
Date of Birth:/ Age: Grade:		
Emergency Contact:		
Doctor's Name:	Phone:	
Does child have a physical/medical or mental limitation? Alle	ergies? Yes No If yes, explain below:	
	tial Status	
Resident		
*based on address of inc	ity Services <u>Distric</u> t serv <u>ice ar</u> ea? Yes No	

Business Name Street Address