

McKinleyville Parks & Recreation

2012 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: _____

PLAYERS:

1. _____ **PHONE:** _____

2. _____ **PHONE:** _____

3. _____ **PHONE:** _____

4. _____ **PHONE:** _____

5. _____ **PHONE:** _____

6. _____ **PHONE:** _____

7. _____ **PHONE:** _____

8. _____ **PHONE:** _____

DESIRED LEAGUE (circle one)

A League

B League

(Only if applicable. It may be necessary to combine leagues.)

Team Fee: \$60.00

OFFICE CODE

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 July 1, 2011- June 30, 2012, 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.**

MCKINLEYVILLE COMMUNITY SERVICES DISTRICT

Parks and Recreation

P.O. Box 2037, McKinleyville, CA 95519

839-9003

OFFICE CODE

Youth Consent & Liability Release Form: 3 ON 3 BASKETBALL LEAGUE

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 the 3 ON 3 BASKETBALL LEAGUE sponsored by the McKinleyville Community Services District. In consideration of the acceptance of an application on behalf of said minor for participation in said program from July 1, 2011- June 30, 2012, I fully understand said minor's participation in said program may expose participants to the risk of personal injury, death, or property damage. I hereby acknowledge said minor will be voluntarily participating in said program and, as such, agrees to assume any risks associated with said programs. 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 said minor 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 said minor's 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.

Circle One

Please Print Clearly

Parent/Legal Guardian: _____

X

Mailing Address: _____

Parent or Legal Guardian Signature Only

City, State Zip: _____ Date: _____

Phone (H): _____ (W) _____

Minor's Name: _____ Male Female
First Last

Date of Birth: ____/____/____ Age: ____ Grade: ____ School: _____

Emergency Contact: _____ Phone (AM): _____ (PM) _____
Other than Parent

Doctor's Name: _____ Phone: _____

Does child have a physical/medical or mental limitation? Allergies? Yes No If yes, explain below:

Residential Status

*based on address of individual completing form

Is your residence within the McKinleyville Community Services District service area? Yes No

If not, do you own property or a business within the service area? Yes No If yes, explain below:

Business Name

Street Address

FOR OFFICE USE ONLY

Date Form Processed: _____ Initials: _____ Date Entered into Database: _____ Initials: _____

* only for players under 18 years of age