

2017 Adult Softball League Registration 16 and 17-Year-Old Minor Players

Player's Information		First Name:	Last Name:
Grade 2016-17:	M or F	DOB:	Age:
Mother's/Legal Guardian's Information		First Name:	Last Name:
Email:		Preferred Phone:	Alternate Phone:
Would you be interested in receiving occasional texts/emails regarding upcoming Recreation Department sports and events? Y N			
Father's/Legal Guardian's Information		First Name:	Last Name:
Email:		Preferred Phone:	Alternate Phone:
Would you be interested in receiving occasional texts/emails regarding upcoming Recreation Department sports and events? Y N			
<i>Please list any allergies to drugs, etc. your child has:</i>			
<i>Please list any medical condition(s) that you would like to disclose about your child:</i>			

_____ I recognize that participation in the event and the use of recreational facilities, all equipment, and facilities contained therein (collectively, the "Recreational Facilities"), have inherent risk of injury and carries with it the potential for death, serious injury and property loss.

_____ I verify that I or my child/children am/is/are physically and mentally able to participate in this recreation program and, have not been advised otherwise by a qualified medical person.

_____ In consideration of this application and permitting me or my child/children to participate in this event, I hereby take action for myself, my child/children, my spouse, executors, administrators, assignees, heirs, guardians, and legal representatives and do hereby voluntarily waive and release and discharge from any liability and do further indemnify, agree to defend and hold harmless the City of Page, their officers, trustees, employees, agents, representatives, volunteers, and any department, organization or group affiliated therewith (collectively "City for any accident, injury, illness, death, loss, theft, damage to person or property, or other consequences suffered by me or my child/children arising or resulting directly or indirectly from my, or my child/children's participation in the event or use of the recreation facilities.

_____ In the event I or my child/children is/are injured I agree to assume any financial obligation, either through my health insurance, or through some other means, for any medical costs that are incurred. By signing this agreement, I waive my right to bring any legal action now or at any time in the future to recover compensation or obtain any other remedy for any injury to me or my child/children, or my property, or for death however caused, arising out of the use of the recreation facilities. I expressly agree that this release is intended to be as broad and inclusive as the State of Arizona will allow. If any portion is held invalid, I agree that the balance shall, notwithstanding, continue in full legal force and effect.

_____ I hereby give my consent and agree to be financially responsible for any emergency medical treatment necessary, including but not limited to, emergency treatment at the Recreational Facilities or Hospital Emergency Room. I realize and appreciate that there is a possibility of complications and unforeseen consequences in any medical treatment, and I assume any such risk on the behalf of myself and said minor.

_____ I understand that at this event or related activities, I or my child/children may be photographed. I agree to allow my or my child's/children's photo, video or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers and /or assigns.

_____ In compliance with the City of Page Recreation Policy, I acknowledge that I have read and understand the Concussion and Traumatic Head Injury Information Sheet and the Concussion and Traumatic Head Injury Policy that was provided to me by the City related to potential concussion and traumatic head injuries occurring during participation in sporting events. I understand the content, responsibilities and warnings therein and I agree to abide by the City's Concussion and Traumatic Head Injury Policy. I understand that if my child sustains a concussion, it is my responsibility to return a completed Qualified Health Care Provider Statement Authorizing Player to Resume Play form to the City of Page Recreation Department.

_____ I hereby certify that I have read this document; and, I understand its content.

THE CITY DOES NOT CARRY MEDICAL/ACCIDENT OR LIABILITY INSURANCE FOR INDIVIDUALS OR TEAMS.

Please list two persons, in addition to parents/legal guardians, who may be contacted in case of emergency:

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Print Parent/Guardian's Name _____ **Signature** _____ **Date** _____