



City of Lindsborg Youth Basketball Registration - Winter 2012
In partnership with McPherson Family YMCA & McPherson Recreation Commission

ACTIVITY REGISTRATION

Youth Basketball: K-1st Grade: Boys Girls
2nd-3rd Grade: Boys Girls
4th-5th Grade: Boys Girls
6th-8th Grade: Boys Girls

PARTICIPANT INFORMATION

First Name:

Middle Initial:

Last Name:

Gender: Male Female

Address:

City:

State:

Zip:

Daytime Phone:

Evening Phone:

Cell Phone:

Birth Date: / /

Email Address:

EMERGENCY CONTACT INFORMATION

Contact:

Relationship:

Day Phone:

Evening Phone:

ACTIVITY INFORMATION

Registration Fee: Resident: \$26.00 / \$33.00 after Dec. 2, 2011
 Free/Reduced Lunch Coupon: \$0.00 / \$7.00 after Dec. 2, 2011
Payment: Cash Check # _____ **Staff Initials:** _____

T-Shirt Size: Youth Small (6-8) Youth Medium (10-12) Youth Large (14-16)
 Adult Small Adult Medium Adult Large Adult X-Large Adult 2X-Large

Do you want to volunteer to coach?
 Yes, Head Coach.
 Yes, Assistant Coach.
 No, thank you.

ADDITIONAL COMMENTS

PARENTAL STATEMENT OF AGREEMENT

RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT AND MEDICAL CONSENT
 IN CONSIDERATION of being permitted to utilize the facilities, services and programs of the McPherson Recreation Commission (MRC) and/or for my children to so participate, for any purpose, including but not limited to observation or use of facility or equipment, or participation in any program affiliated with the MRC, the undersigned, for himself or herself, on behalf of his/her children, heirs and next of kin, hereby acknowledges, agrees and represents that he/she has, or immediately upon entering or participating, carefully inspected and considered such premises and facilities or the affiliated program.

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the MRC, its directors, officers, employees and agents (hereinafter referred to as "releasees") from all liability to the undersigned, his personal representatives, assigns, heirs and next of kin for any loss or damages and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releasees or otherwise while the undersigned is in, upon or about the premises or any facilities or equipment therein or participating in any program affiliated with the MRC.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees, each of them, from any loss, liability, damage or cost they may incur due to the presence of the undersigned in, upon or about the MRC premises or in any way observing or using any facilities or equipment of the MRC or participating in any program affiliated with the MRC whether caused by the negligence of the releasees or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE due to negligence of releasee or otherwise while in, about or upon the premises of the MRC and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the MRC.
4. THE UNDERSIGNED expressly agrees that they are agreeing to the RELEASE of photographs and/or video tapes and the publishing and/or broadcasting of such as their involvement in the MRC.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the laws of the State of Kansas and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

5. The MRC reserves the right to refuse participation to any person, to the extent such refusal is consistent with applicable laws and with the MRC's policies against discrimination.

MEDICAL CONSENT

6. I understand that MRC does not provide any accident or health insurance for participants and further understand it is my responsibility to provide such coverage.
7. In the event of an accident, I give permission for MRC staff or volunteers to provide emergency medical treatment for myself and/or my child and to transport to an emergency center for treatment. I also consent to medical treatment deemed immediately necessary or advisable by the treating physician.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT AND MEDICAL CONSENT, and further agrees no oral representations, statements or inducements apart from the foregoing written agreement have been made.

I HAVE READ THIS RELEASE:

Print Name:	
Sign Name:	

(If participant is under 18, parent or guardian's printed name and signature.)