



2011-2012 COLUMBUS PARKS AND RECREATION COLUMBUS YOUTH BASKETBALL



DATE \_\_\_\_\_ MALE/FEMALE (CIRCLE ONE)

CHILD'S NAME \_\_\_\_\_ AGE ON JANUARY 1, 2012 \_\_\_\_\_

SCHOOL \_\_\_\_\_ CURRENT GRADE \_\_\_\_\_ (CHILD MUST NOT BE ON ANY MIDDLE OR HIGH SCHOOL ROSTER)

UNIFORM SIZE \_\_\_\_\_ RECREATION SITE \_\_\_\_\_

ADDRESS: \_\_\_\_\_ DOB: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP: \_\_\_\_\_

PARENT/LEGAL GUARDIAN: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

CELL PHONE/PAGER \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

EMERGENCY CONTACT TELEPHONE NUMBER: \_\_\_\_\_

KNOWN RESTRICTIONS/ALLERGIES/HEALTH PROBLEMS: \_\_\_\_\_

Registration Dates at 29th Street Gym 501 29th Street, Columbus, GA 31904

October 22, 2011 9am-12pm
November 5, 2011 9am-12pm
November 12, 2011 9am-12pm
November 19, 2011 9am-12pm

Items needed for registration

Completed registration form
Birth Certificate
1040 Form to verify household income
City I.D. Card (for City Employees only)

\*\*\*If you have any questions, please call 706-225-4506\*\*\*



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### WAIVER FORM

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PARTICIPANT'S NAME

I am the parent/guardian of the child named above. I hereby represent that my child has my permission to participate in the Columbus Parks and Recreation Department basketball program and its related events. I further warrant that to the best of my knowledge and belief, my child is physically and mentally able to participate in the Columbus Parks and Recreation program. I also represent that there is no medical evidence, which would preclude my child from participating in any Parks and Recreation event/program. In permitting my child to participate, I am specifically granting my permission (both during and anytime after), to the Columbus Parks and Recreation Department to use my child's likeness, name, voice, or words in either television, radio, film, newspaper, magazines and other media and in any form, for the purpose of advertising or communicating the purpose and activities of the Columbus Parks and Recreation Department and/or applying for funds to support those purposes and activities.

If a medical emergency should arise during my child's participation in any Columbus Parks and Recreation Department event, at any time when I am not personally present so as to be consulted regarding my child, I hereby authorize the Columbus Parks and Recreation Department to take whatever measures necessary to ensure my child is provided with any emergency medical treatment, including hospitalization, which the Columbus Parks and Recreation Department deems advisable in order to protect my child's health and well being. Which hospital would you prefer your child to be transported to if there is an emergency and you are not present to make that decision:

\_\_\_\_\_.

Waiver and release of claims and rights to sue: the commissioners, organizers, directors, agents, and employees of the Columbus Parks and Recreation Department and its host facilities and hereby released, acquitted and discharged from any claim for damage or suit by reason of any injury, illness, death or damage to person or property during the course of the Columbus Parks and Recreation Department event, and in that regard, I hereby covenant on my own behalf and for the above named child and not to file a claim or bring a suit with respect to any such injury or damage.

I, the parent/guardian of the above named child have read and fully understand the provisions of the above release and have explained these provision on my behalf and on behalf of the athlete named above. I hereby give my permission for the child named above to participate in the Columbus Parks and Recreation Department and its event.

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Signature of parent/guardian

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Date