



**2010 COLUMBUS PARKS AND RECREATION
COLUMBUS YOUTH DEVELOPMENT
BASKETBALL LEAGUE**

PROUD TO BE A PART OF

Columbus, GA

What progress has preserved.

**BOYS
APPLICATION
ONLY**



Student's Name				<input type="checkbox"/> Male Age on September 1, 2010 _____		Current Grade: (3 rd , 4 th 5 th etc.)	
<input type="checkbox"/> Returning Student <input type="checkbox"/> New Student		Date of Birth _____				School:	
Parent(s)/Legal Guardian Name:							
Address:		City:		State:		Zip Code:	
Home Phone:			Work Phone:			Cell Phone/Pager:	
Emergency Contact:				Relationship:			
Address:				City:			
City:		State:			Zip Code:		
Home Phone:		Work Phone:			Cell Phone:		

Is Your Child(ren) Taking Any Medication(s) On A Regular Basis? If So, What Medication(s) Are They Taking?

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Other Specific Medical or General Information We Need To Know About Your Child(ren):

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Do You Have Other Kids Playing In The Program? If So Please Give Name And Ages Below

Name	Age



**STUDENTS FIRST
ATHLETES SECOND**



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WAIVER FORM

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 Columbus Youth Development League 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. If there is a need to take your child to a hospital and your not present to make that decision please specify here

_____.

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 form any claim for damage or suit by reason of any injury, illness, 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.

Signature of parent/guardian

Date