



**FOUNTAIN CITY
MIDNIGHT BASKETBALL LEAGUE, INC.
2010 APPLICATION**



- MALE**
 FEMALE

NAME _____

DATE OF BIRTH _____ **AGE** _____

ADDRESS _____
CITY _____ **STATE** _____ **ZIP** _____

HOME PHONE _____

CELL PHONE _____

WORK PHONE _____

INSURANCE COMPANY _____

ANY ALLERGIES/DISABILITIES _____

EMERGENCY CONTACT _____

RELATIONSHIP TO YOU _____

TELEPHONE NUMBER _____

EMPLOYMENT STATUS

- EMPLOYED/IF SO OCCUPATION** _____
 UNEMPLOYED

HOW MANY YEARS HAVE YOU PLAYED IN THE LEAGUE?

- FIRST YEAR**
 SECOND YEAR
 THIRD YEAR
 OTHER

WHAT IS YOUR MARITAL STATUS? SINGLE **MARRIED** **DIVORCE** **SEPARATED**

DO YOU HAVE A COLLEGE OR TECHNICAL SCHOOL DEGREE/DIPLOMA, IF YES WHAT TYPE _____

DO YOU HAVE CHILDREN, IF YES HOW MANY? _____

HAVE YOU HAD ANY NEGATIVE CONTACT WITH LAW ENFORCEMENT? IF YES, WHAT TYPE _____

HAVE YOU PLAYED COLLEGE BASKEBALL IF YES WERE: _____



**2010 FOUNTAIN CITY MIDNIGHT
BASKETBALL LEAGUE, INC.
WAIVER FORM**



PARTICIPANT'S NAME

I the ABOVE NAMED INDIVIDUAL, hereby represent that I will participate in the FOUNTAIN CITY MIDNIGHT BASKETBALL LEAGUE, INC. and its related events. I further warrant that to the best of my knowledge and belief that I am 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 me from participating in any Parks and Recreation event/program. In participating, I am specifically granting my permission (both during and anytime after), to the FOUNTAIN CITY MIDNIGHT BASKETBALL LEAGUE, INC. to use my 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 FOUNTAIN CITY MIDNIGHT BASKETBALL LEAGUE, INC. and/or applying for funds to support those purposes and activities.

If a medical emergency should arise during my participation in any Columbus Parks and Recreation Department event, at any time. I hereby authorize the Columbus Parks and Recreation Department to take whatever measures necessary to ensure I am 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.

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, 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 not to file a claim or bring a suit with respect to any such injury or damage.

I, the have read and fully understand the provisions of the above release.

Signature

Date



ATTENTION:

THIS WAIVER NEEDS TO BE SIGNED IF YOU DO NOT WANT TO PURCHASE INSURANCE IF YOU WOULD LIKE TO BUY INSURANCE DON'T SIGN THIS FORM

***2010 COLUMBUS PARKS AND RECREATION DEPARTMENT
FOUNTAIN CITY MIDNIGHT BASKETBALL LEAGUE, INC.***

INSURANCE WAIVER

DATE _____

NAME _____ AGE _____ MALE / FEMALE (CIRCLE ONE)

I forfeit the offer of medical insurance offered by the Fountain City Midnight Basketball League, Inc. and the Columbus Parks and Recreation Department. In forfeiting my option of medical insurance I hereby hold harmless the Fountain City Midnight League, Inc. and Columbus Parks and Recreation Department of all injuries during practice, games and transport during the Fountain City Midnight Basketball League, Inc. season, May- August 2010.

Waiver and release of claims and rights to sue: the commissioners, organizers, directors, agents, and employees of the Fountain City Midnight Basketball League, Inc. and 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, death or damage to person or property during the course of the Fountain City Midnight Basketball League, Inc. and Columbus Parks and Recreation Department event, and in that regard, I hereby covenant my own behalf not to file a claim or bring a suit with respect to any such injury or damage.

All players under the age of 18, must have a parent or guardian sign this form.

Signature of parent/guardian

Date

Signature of player

Date