



Arbuckle Parks & Recreation District

MEN'S BASKETBALL — Registration Form

Name _____ Age _____ Date of Birth _____

Home Phone _____ Work/Cell Phone(s) _____

Address _____

Email _____

EMERGENCY CONTACT INFORMATION

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

MEDICAL INFORMATION

Health Insurance Company _____

Family Physician _____ Address _____ Phone _____

I hereby certify that I am in normal health and capable of participating safely. I understand that I agree to release all liability and hold the Arbuckle Parks and Recreation District harmless. I give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. I understand that I participate at my own risk.

Signature _____ Date _____

PHOTO RELEASE: I hereby give my consent to ARPD to post photographic images of me for the purpose of acknowledging awards, community recognition and publicity on the ARPD's website and ARPD's Facebook account. I understand that no other personal identifiable information about me will be published with the photograph.

Signature _____ Date _____

Please make checks payable to: Arbuckle Parks and Recreation District or APRD.

Refunds after program begins, are given at the discretion of the program supervisor. There are no make-ups unless something unexpected occurs with the facility or the instructor.

Fees: **Per Night - \$5** **Unlimited for the Month - \$15**

Fee _____ Method of Payment _____ Receipt # _____