



**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 \_\_\_\_\_

All participants must read and sign this waiver form in order to participate. By my signature below, I acknowledge that there are inherent risks and dangers associated with recreation programs and therefore, I hold Arbuckle Parks & Recreation District harmless from all claims for injuries, damage, or loss which may result from. I certify that I am in normal health and capable of participating safely. I give consent for emergency medical care prescribed by a medical professional. I understand that I participate at my own risk. I consent to APRD's use of the participant's image and likeness as shown in any photographs, videotapes or electronic images, and any audio recordings made of the participant's voice in whatever way the APRD desires, including print, social media and Internet websites. Furthermore, I consent that such photographs, films, recordings, electronic images shall be the sole property of APRD. I understand that via the registration process I have the option to submit non-consent for the use of images of myself during online registration or by calling 530-723-2705. By my signature below I am stating that I have read the above waiver.

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 # \_\_\_\_\_