



Arbuckle Parks & Recreation District

CO-ED SOFTBALL REGISTRATION

Player Name _____ Age _____ Date of Birth _____

Address _____

If Minor: Name of Parent/Guardian#1 _____ Name of Parent/Guardian#1 _____

Best Textable Phone Number(s) to be used for program info/updates _____

Best Email(s) to be used for program info/updates _____

EMERGENCY CONTACT INFORMATION (Authorized person to be called in case of an emergency)

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

MEDICAL INFORMATION

Health Insurance Company _____

Family Physician _____ Address _____ Phone _____

WAIVER 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 and Recreation District harmless from all claims for injuries, damage, or loss which may result from me or my child's participation in the program listed above. 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 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 or my child during online registration or by calling 530-723-2705. I understand that APRD has a discipline policy for conduct in recreation programs and facilities. I agree to follow APRD's Parent Code of Conduct. In the event I/my child violate the Code of Conduct and I/my child are asked to leave the program or facility, I understand that the registration fee will not be refunded. I understand that APRD employees are not responsible for program participants prior to, or after, a scheduled program. By my signature below I am stating that I have read the Parent Code of Conduct, waiver and discipline policy. I ensure I will adhere to the code.

Player (or Parent/Guardian) Signature _____ Date _____

Team Manager Signature _____ Date _____

PAYMENT Please make checks payable to: Arbuckle Parks and Recreation District or APRD. Late Fee of \$15 per player will be added to standard fee for registrations forms received after last sign-up date. 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 instructor.

FEES: Per Team (Max 16 Players) - \$550

Team/Level _____ Season Year _____

Fee _____ Method of Payment _____ Receipt # _____