



ADULT SPORTS REGISTRATION FORM

Manager's Name (Last) _____ (First) _____ (MI) _____

Address _____

Phone Number: (_____) _____ (_____) _____ (_____) _____
(Street) (City) (State/ZIP)
(Home) (Cell) (Emergency)

E-mail Address _____

Asst. Manager's Name (Last) _____ (First) _____ (MI) _____

Phone Number: (_____) _____ (_____) _____ (_____) _____
(Home) (Cell) (Emergency)

E-mail Address _____

Registering for (Check One)

- Men's Basketball (Fri)
 Men's Softball (Tues)
 Coed Softball (Mon)
 Coed Softball Tournament
 Men's Basketball (Sun)
 Men's Softball Tournament
 Coed Softball (Wed)
 Volleyball Tournament

Team Name: _____

Season (Check one): Winter Spring Summer Fall

League Fee: \$ _____ Forfeit Deposit: \$ _____ TOTAL FEE: \$ _____

I, the undersigned, do hereby agree to allow the individual(s) named herein to participate in the above mentioned program/activities and hereby waive, release and discharge any and all claims of the right to claim for damages for death, personal injury or property damage which may have, or which may hereafter occur to me, as a result of said minor's participation in said activity. This release is intended to discharge in advance the City of Huntington Park, its officers, employees, agents, game officials, managers and coaches from and against any and all liability arising out of or connected in anyway with said minor's participation in said activity, even though that liability may arise out of negligence of carelessness on the part of the persons or entities mentioned above. I further understand that serious accidents occasionally occur during said activity, and that participants of such activity occasionally sustain mortal or serious personal injuries, and/or property damage, as consequence thereof: Knowing the risks of said activity, nevertheless, on behalf of said minor child, I hereby agree to assume those risks and to release and hold harmless all of the person's entities mentioned above who, through negligence and carelessness, might otherwise be liable to me, or my heirs of assigns for damages. I further permit the use of activity/event photography and/or video taping for promotional use of the City of Huntington Park's Web site, brochures and public television. It is further understood and agreed that this wavier, release and assumption of risk are to be binding on my heirs and assigns. I agree to accept and abide by the rules and policies of the City of Huntington Park, Department of Parks & Recreation. This authorization shall remain in effect for all activities related to the above unless otherwise individuated or revoked in writing and delivered to said agent. The undersigned agrees that this Agreement, Release and Indemnity is intended to be as broad and inclusive as permitted by the laws of the State of California, and that if any portion of this document is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I HAVE CAREFULLY READ THIS RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT IT IS A FULL RELEASE OF ALL LIABILITY AND I SIGN IT BY MY OWN FREE WILL.

Participant's name: _____
(Parent or legal guardian for participants under 18 years old))

Participant's signature: _____
(Parent or legal guardian for participants under 18 years old))

Date: _____

****Make check(s) or money order payable to: City of Huntington Park****

Driver's License # _____
(If paying by check)

FOR OFFICE USE ONLY		
	Yes	No
Birth Certificate	<input type="checkbox"/>	<input type="checkbox"/>
Code of Conduct	<input type="checkbox"/>	<input type="checkbox"/>
Immunization	<input type="checkbox"/>	<input type="checkbox"/>
Check #	_____	
Money Order #	_____	
Visa or MasterCard (circle one)	_____	
Receipt #	_____	

CONSENT TO TREATMENT

The undersigned hereby authorizes the City of Huntington Park, in the event of an emergency as agent for the undersigned, to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medicine Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of our aforesaid agent to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable.

This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California.

Participant's signature: _____ Date: _____
(Parent or legal guardian for participants under 18 years old)

Family Doctor: _____ Telephone: () _____

Insurance Co.: _____

Pertinent medical problems (epilepsy, diabetes, allergies) please list and explain all:

REFUND POLICY

- 100% refund for cancellation due to medical reason with doctor's note, or for class cancelled by city.
 - 100% refund minus \$5 processing fee for any cancellation prior to second class meeting, second team practice (youth sports), or at least one calendar week prior to first league game (adult sports).
 - *No refunds after second class meeting.
 - *No refunds after second team practice (youth sports only).
 - *No refunds less than one calendar week prior to first league game (adult sports only).
- * **NOTE:** All refunds must be requested in-person at the Department of Parks & Recreation prior to the second class meeting, second team practice (youth sports), or at least one calendar week prior to first league game (adult sports).