



ADULT SPORTS REGISTRATION FORM

Team Name _____ Sport _____ Division _____

Captain _____ Phone: Home _____ Work _____

Mailing Address: _____ E-mail _____

Team Roster

(Please neatly print all names)

| Player Name | Player Name |
|-------------|-------------|
| 1 | 11 |
| 2 | 12 |
| 3 | 13 |
| 4 | 14 |
| 5 | 15 |
| 6 | 16 |
| 7 | 17 |
| 8 | 18 |
| 9 | 19 |
| 10 | 20 |

***Players must be 18 years of age prior to the first scheduled game..**

**** All players must sign liability waiver before participating.**

Registration Fee: \$_____ - Due at time of Registration (Check/Money Order can be made payable to:
Fulton Parks & Recreation)

REGISTRATION FORMS can be mailed to: Fulton Parks & Rec, P.O. Box 130, Fulton, MO 65251

- Teams will be allowed one forfeit. A second forfeit will result in the team being dropped from the league or tournament.
- A team representative must attend the Captain's Meeting.

For More Information, Contact Fulton Parks & Recreation at 592-3190

NOTICE TO ALL PERSONS PARTICIPATING IN THE FULTON PARKS & RECREATION ADULT SPORTS PROGRAM

Many recreational activities and athletic programs involve substantial risks of bodily injury, property damage and other dangers associated with participating in such activities. Dangers related to such activities include, but are not limited to: hypothermia, broken bones, strains, sprains, bruises, drowning, concussion, heart attack, and heat exhaustion. Each participant in such activities should realize that there are risks, hazards and dangers inherent in such activities and in the training and preparation for and travel to and from such activities. It is the sole responsibility of each participant to participate in only those activities for which he/she has the prerequisite skills, qualifications, preparations, and training. The undersigned acknowledges that the City of Fulton and the Fulton Parks & Recreation Department does not warrant or guarantee in any respect the competency or mental or physical condition of any trip leader, supervisor, game official, vehicle driver or individual participant in any athletic or recreational activity.

All participants in recreational activities and athletic programs will be required to sign the Assumption of Risk and Release Form on the back side of this form.

SPORT/ACTIVITY: _____ **DIVISION:** _____ **TEAM NAME:** _____

ASSUMPTION OF RISK AND RELEASE

By signing this form, I acknowledge that I am a participant in the adult sports league sponsored and conducted by the Fulton Parks & Recreation Department.

I recognize that there are risks and hazards directly or inherently involved, making this a dangerous activity with the potential to cause loss of limb or life. With full knowledge of the facts and circumstances surrounding this activity, I accept and assume all risks, hazards and dangers involved in any such activities in which I choose to participate, including the training and preparation for and travel to and from the site of such activities.

Therefore, I assure the City of Fulton and the Fulton Parks & Recreation Department that I have adequate health insurance necessary to pay for any medical costs that may directly or indirectly result from my participation in this activity and that I will indemnify and hold the previously mentioned institution and its representatives harmless.

I assure the Fulton Parks & Recreation Department that there are no health-related reasons or problems that preclude or restrict my participation in this activity.

To the extent permitted by law, I release Fulton Parks & Recreation and the City of Fulton from any liability whatsoever arising out of my participation in this activity, including but not limited to, any damage to my property or the property of others and injury to me or others, including loss of limb or life, resulting from my negligence or the negligence of others, or to others through my participation in this activity.

The foregoing is submitted in consideration of Fulton Parks and Recreation allowing my participation in this activity. I execute this document with the full knowledge of the contents stated in the release.

All team members must sign this form at least 24 hours prior to participating.

| <u>PARTICIPANT NAME</u> | <u>SIGNATURE</u> | <u>PARTICIPANT NAME</u> | <u>SIGNATURE</u> |
|-------------------------|------------------|-------------------------|------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

*****For Office Use Only*****

Date of Registration: ____/____/____ **Registration Fee: Paid** _____ **Amount: \$** _____ **Balance Due:** _____

Received By: _____ **Date:** _____ **Registration Approved:** _____

Comments: _____