



Commerce Parks & Recreation Youth Basketball Registration

Registration Fee: Residents - \$50.00 Non-Residents - \$60.00

**** \$5.00 Late fee after November 11th ****

****PRINT FULL NAME EXACTLY AS IT APPEARS ON BIRTH CERTIFICATE****

First Middle Last

Male _____ Female _____ Date of Birth ____/____/____ Age on Sept 1, 2018 _____

Mailing Address _____

Parent/Guardian: _____

Phones: _____

E-mail address _____

League (circle one) 6 & Under 8 & Under 10 & Under 12 & Under 14 & Under
 5 & 6 7 & 8 9 & 10 11 & 12 13 & 14

Youth Sizes: S (6-8) M (10-12) L (14-16)

Adult Sizes: S (30-32) M (34-36) L (38-40) XL (42-44) XXL (46-48) XXXL (50-52)

.....

Would you like to coach or assist? All coaches must complete a background check form if you have not done so in the past 12 months.

Name _____ Head Coach _____ Assist _____

Phone #s / E-mail address _____

Circle Jersey Size S (30-32) M (34-36) L (38-40) XL (42-44) XXL (46-48)

RELEASE, MEDICAL RELEASE/PERMISSION, PHOTO RELEASE, ACKNOWLEDGEMENT AND ACCEPTANCE OF RISKS INDEMNIFICATION AGREEMENT

- I, the legal parent and/or guardian of and on behalf "PARTICIPANT", for and in consideration of the privilege of participating in the City of Commerce Parks and Recreation Youth Basketball League ("PROGRAM") and recognizing that these activities involve certain inherent dangers, do hereby agree to assume all risks attendant to such activity, including, but not limited to, motor vehicle accidents and/or pedestrian accidents on either public or private property, and do for myself, for and with my heirs, hereby agree to waive all claims against and release, indemnify, defend and hold harmless the CITY OF COMMERCE all of its officers, employees, agents and representatives, ("CITY") in both their public and private capacities, from and against any and all liability, claims, suits, losses, damages and causes of action, including all expenses of litigation and/or settlement for death, injury to, or death of any person, or for loss of, damage to, or loss of use of any property arising out of or in connection with participation in the PROGRAM.
- Such indemnity shall apply regardless of cause or of any fault or negligence of the CITY. It is the express intention of the parties hereto, both participant and the CITY, that the indemnity provided for in this paragraph is indemnity by the participant to indemnify and protect the CITY, from the consequences of the CITY's own negligence or participant's own negligence, whether that negligence is the sole or concurring cause of any injury, death, or damage.
- I certify that PARTICIPANT has not been advised by a health care professional that PARTICIPANT should not participate in the PROGRAM or other similar physical activities. In the event PARTICIPANT is injured as a result of his/her participation in the PROGRAM, and it becomes necessary that he/she receive medical treatment, I expressly release the CITY and waive any and all claims against the CITY for any and all liability incurred as a result of the medical treatment received. This release and waiver expressly includes all costs of emergency care and/or transportation. I grant permission for any emergency medical treatment, operation, or anesthesia that might become necessary.
- I authorize the CITY to use PARTICIPANT's photograph for promotional and/or commercial purposes, including, but not limited to, brochures, newsletters, websites, social media, and television media. I release the CITY, from any liability for use of PARTICIPANT's picture.
- I expressly agree that this waiver of liability, release, Indemnification and hold harmless agreement is Intended to be as broad and as inclusive as is permitted by the laws of the State of Texas, and that if any portion, word, term, phrase, clause or paragraph of this agreement is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.
- It is further agreed that the execution of this waiver of liability, release indemnification and hold harmless agreement will not constitute a waiver by the CITY of the defense of governmental immunity where applicable, or any other defense recognized by federal or state courts.

I have read this waiver of liability, release, Indemnification and hold harmless agreement and understand all of its terms. I am aware of the risks associated with participation in the PROGRAM and execute this document voluntarily and with full knowledge of its significance.

Parent Signature

Date

For Office Use Only

Cash Amt. _____ Check Amt. _____ Check No. _____ Receipt # _____

Name on Check _____ Date _____