

City of Douglasville Adult Basketball

2013 Registration

Team Name: _____

Managers Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

I/We, the above participant(s), and/or spouse, and/or parent(s)/guardian(s) of the above participant, do hereby consent to my/our/his/her participation in the above Program including all activities incidental to the Program. I/We assume all responsibilities for, and risks and hazards of, participation in the named Program, including transportation to and from all activities of the program. Inconsideration of the City of Douglasville conducting the above program, I/We do hereby release the City of Douglasville Parks and Recreation Department and the Program, including all officials, officers, sponsors, organizers, supervisors, volunteers, participants, and all other agents, of any and all claims, demands, rights, and causes of action of whatever kind and nature, arising from and by reason of, and all known and unknown, foreseen and unforeseen, bodily and personal injuries, damage to property, and the consequence thereof, resulting from my/our/his/her participation in the Program and all activities incidental to the Program.

I/We, the above participant(s) and/or spouse, and/or parent(s)/guardian(s) of the above participant, do hereby consent to my/our/his/her picture(s) that are taken by the Douglasville Parks and Recreation being used in media publication for the Parks Department.

Date: _____ Signature: _____

Managers Signature

Paid Fee _____