

## YOUTH BASKETBALL & CHEER REGISTRATION FORM

275 Beasley Dr • Versailles, KY 40383 • www.vwcparksrec.com

### PARTICIPANT INFO:

Participant's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Check:  Male  Female

Who does participant live with?  Mother  Father  Both  Legal Guardian

### PARENT OR GUARDIAN CONTACT INFO:

Name: \_\_\_\_\_

Relationship to Child (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

### ADDITIONAL CONTACT: PARENT EMERGENCY CONTACT

Name: \_\_\_\_\_

Relationship to Child (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

### EMERGENCY MEDICAL INFORMATION

Hospital Preference: \_\_\_\_\_

Is participant allergic to any drugs?  No  Yes

If yes, please list: \_\_\_\_\_

Does participant have any other allergies?  No  Yes

If yes, please list: \_\_\_\_\_

Please list any other medical conditions or special needs the instructor or coach should be aware of: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### LEAGUE INFO:

Division \_\_\_\_\_

Child's Height \_\_\_\_\_

Any days your child cannot practice? \_\_\_\_\_

Willing to Coach?  Yes

### SHIRT SIZE:

Youth X-Small (2-4)

Youth Small (6-8)

Youth Med (10-12)

Youth Large (14-16)

Youth XL (18-20)

Adult Small

Adult Medium

Adult Large

Adult X-Large

Adult XX-Large

### WAIVER OF LIABILITY AND TERMS OF PARTICIPATION:

- I. I understand that baseball, softball, football, basketball and other sports, fitness, and aquatic programs are dangerous and that I or my child could be killed or seriously injured while participating. Injuries that could occur include, but are not limited to, paralysis, brain injury and broken bones. I understand that if my child is participating in a youth sports program that s/he will be coached by volunteer coaches who will not be full-time or professionally trained. Recognizing the inherent risks associated with participating in the above noted program and still desiring myself or my child to participate, I hereby agree to indemnify and hold harmless the Versailles-Woodford County Parks & Recreation Department, Woodford County Fiscal Court, the City of Versailles and the members, employees, and all individuals responsible for the conduct of activity involving myself or my child(ren) for claims including but not limited to claims of personal injury, hospitalization, etc. I also understand that the Parks and Recreation Department strongly recommends that each participant have medical approval before participating in any sport, aquatic, or fitness related program and that I must inform the Department of any medical condition that may require special attention or treatment.
- II. I warrant that my child/children or I or am privately insured with a medical insurance policy. I understand that the VWCRPD does not provide medical insurance coverage for program or league participants.
- III. I understand that registration fees must accompany this application in order for it to be processed. (Please make checks payable to VWCRPD. If you have any questions concerning fees, please contact the department at 873-5948.) I understand that the Department will not issue refunds after leagues have been drafted unless there is a medical reason that my child or I cannot participate. I understand that in non-competitive leagues or other programs, refunds must be requested in writing 5 business days prior to the program's start date. In the case of injury or illness where my child or I cannot participate, a doctor's statement must be received within 10 business days of seeking treatment stating why the individual cannot participate.
- IV. I understand and give permission for the Parks and Recreation Department or local media to photograph or video tape my child or me during participation in Parks and Recreation activities and to use them in advertising and promotion, both in print and on the Department's website and social media outlets.
- V. In the event of an emergency, I give my permission for a representative of the Recreation Department and/or ambulance service to provide treatment as is normal and prudent and to transport my child or myself to the nearest medical facility to render treatment.

By signing or typing my name below, I acknowledge that I have read and agree to the above Waiver of Liability and Terms of Participation.

Signature of Participant or Parent/Legal Guardian: \_\_\_\_\_ Date \_\_\_\_\_

**ACKNOWLEDGEMENT OF RULES & GLOBAL WAIVER**

*The following applies to all Parks & Recreation Activities, Facility Memberships & passes & Facility Reservations.*

**THIS IS AN ACKNOWLEDGEMENT OF VERSAILLES-WOODFORD COUNTY PARKS & RECREATION & FALLING SPRINGS CENTER RULES**

- I agree to follow all rules and instructions set forth by the Versailles-Woodford County Parks & Recreation Department, Falling Springs Center and its employees.
- I understand that Falling Springs Center is for my personal use only and that use of this facility for private financial gain (unless through rental agreement with Parks & Recreation) is strictly prohibited.
- I understand that the Versailles-Woodford County Parks & Recreation Department follows Red Cross Safety Guidelines regarding inclement weather and that indoor and outdoor pools and all outdoor activities will be closed or halted for 30 minutes from the last sight of lightning and/or sound of thunder and that there are NO REFUNDS or RAIN CHECKS.
- I understand that by signing this waiver I'm giving Falling Springs Center & the Versailles-Woodford County Parks & Recreation my permission to use any photos or videos that may contain my image, or images of any minors in my household, for promotional means.

**THIS IS A RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT**

IN CONSIDERATION of being permitted to participate in any way in the ACTIVITY/ACTIVITIES AND/OR THE USE OF FACILITIES, EACH OF THE UNDERSIGNED, for him/herself, his/her personal representatives, heirs, and next of kin:

1. HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the **Versailles-Woodford County Parks & Recreation Department**, and the agents, employees, directors, board members, magistrates, council members, and officers of these entities, (hereinafter referred to as "Releasees") FROM ALL LIABILITY TO THE UNDERSIGNED, his/her personal representatives, assigns, heirs and next of kin FOR ANY AND ALL LOSS OR DAMAGE, AND ANY CLAIM OR DEMANDS THEREFORE ON ACCOUNT OF INJURY AND/OR EXPOSURE TO INFECTIOUS SYNDROMES OR DISEASES TO THE PERSON OR PROPERTY OR RESULTING IN ILLNESS AND/OR DEATH OF THE UNDERSIGNED ARISING OUT OF OR RELATED TO THE ACTIVITY/ACTIVITIES AND/OR THE USE OF FACILITIES, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE. BY PARTICIPATING IN OR ATTENDING THIS ACTIVITY OR UTILIZING FACILITIES YOU ASSUME ALL RISKS WHETHER KNOWN OR UNKNOWN.
2. HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the Releasees and each of them FROM ANY LOSS, LIABILITY, DAMAGE, OR COST they may incur arising out of or related to the ACTIVITY/ACTIVITIES OR USE OF FACILITIES WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES or otherwise.
3. HEREBY acknowledges that there is an inherent risk in any vigorous physical conditioning program or activities and that THESE TYPES OF ACTIVITIES OR USE OF FACILITIES MAY BE DANGEROUS and involve the risk of exposure to infectious syndromes and diseases, serious illness, injury and/or death and/or property damage and he/she ASSUMES FULL RESPONSIBILITY FOR ANY RISK WHATSOEVER, INCLUDING BUT NOT LIMITED TO BODILY INJURY, EXPOSURE, DEATH OR PROPERTY DAMAGE arising out of or related to the ACTIVITY/ACTIVITIES AND/OR USE OF FACILITIES whether caused by the NEGLIGENCE OF RELEASEES or otherwise.

I HAVE READ THIS ACKNOWLEDGEMENT OF RULES, RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF ALL RISK, AND INDEMNITY AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

\_\_\_\_\_  
PARTICIPANT'S PRINTED NAME

\_\_\_\_\_  
DATE OF BIRTH (M/D/YY):

\_\_\_\_\_  
PARTICIPANT'S SIGNATURE (IF OVER 18) or  
PARENT/GUARDIAN'S SIGNATURE (IF PARTICIPANT IS UNDER 18)

\_\_\_\_\_  
DATE: