



Sedona Parks and Recreation
Recreation Release Form



GRASSHOPPER BASKETBALL

Name of Participant/Player: _____ Fee Paid: _____

Male Female School: _____ Grade: _____

Shirt Size: Youth Sm Youth Med Youth Lg Adult Sm Adult Med Adult Lg Adult XL

Address: _____ City _____ State _____ Zip Code _____

Parent/Guardian Name: _____ Phone: _____

E-Mail Address: _____

Emergency Contact: _____ Phone: _____

Does player have brother/sister playing? No Yes If yes, please list name(s) and grade of brother/sister:

Special Request (example: child not able to practice on Mondays, same team as friend, etc.) Please note, special requests will be considered but are **not guaranteed**. We will make our best effort to meet the request.

Would you be willing to volunteer and coach a team, if needed? No Yes *If teams do not have a coach, there is a possibility that those players may not be able to participate.*

PRACTICE: Practice days/times are determined by the volunteer coach and can be held anytime Monday-Friday between 3pm-7pm. There are **NO TEAM CHANGES** due to scheduling conflicts. **Initial:** _____

Before you may participate in the above event, or on behalf of your minor child if (s) he is the participant, the City of Sedona would request that you read and acknowledge the following information and release:

1. There is some risk of injury in all sporting events, whether by nature of the activity, or the contact with other participants. By participating in the above event or competition, you agree to accept these risks.
2. Recreational activities coordinated through the City are generally conducted by City staff representatives, volunteers, coaches, and team representatives. You agree to abide by their directions and the rules they establish for the event.
3. Personal property brought to an event is subject to damage or loss. You are advised to leave valuable items, money, jewelry, and non-essential personal items in the care of your family members or at home.
4. To ensure safe competition, you agree that you are in good health and consider that you will not have physical difficulties in participating in the event. You also agree to wear or use all protective equipment or clothing required by the event coordinators. If you have any health conditions, which may limit your participation, please describe them on the reverse of this form.
5. I will permit the use of my name or my child(ren)'s name and image in broadcasts, radio, telecast, videos, news coverage, web, photographic, sound or any other digital or analog representation of myself in relation to the above-mentioned activity.
6. The City of Sedona does not provide accident insurance for participants. You may be able to obtain insurance coverage for the event through a sponsoring organization, or your own private carrier.

I have read the above information, and agree to release the City of Sedona, its agents, staff, volunteers, and employees from any liability as to personal injuries or property loss by my participation in the above event. I further agree to indemnify the City and its agents in the even they are named in any claim arising from my own negligence or conduct, which causes injury or loss to other participants or spectators.

Signature of Parent/Guardian

Date