

**Star Park and Recreation Adult Co-ed Softball Registration Form
Summer 2011**

Player's Name		Phone #	Cell #	Birth date M/D/Y (over 18)
Address			City	Zip
Subdivision		Email Address		
Circle one: Male or Female		Team		

Registration Fees \$15.00 Resident _____
 \$125.00 Resident Team _____ (fill out team roster/release for teams of 10-12 individuals)
 \$30.00 Non-resident _____
 \$180.00 Non-Resident Team _____ (fill out team roster/release for teams of 10-12 individuals)
 Late Fee (after April 29th) \$10.00 _____
 Donation to the Star Parks & Rec _____
 Total fees and donations _____

Tshirt (Adult sizes)	Small	Medium	Large	X Large	2XL	3XL (additional \$3.00 fee)
Please volunteer to assist in one of the positions listed below						
<input type="radio"/> Coach <input type="radio"/> Assist Coach <input type="radio"/> Referee <input type="radio"/> Field Set up						
Name(s) of volunteer(s):						

Medical Release and Cancellation Policy
Emergency Contact (Other than listed above) _____ **Phone** _____
Medical Problems: _____ **Allergies** _____
 I, the undersigned, hereby authorize directors, coaches, and referees of the Star Parks and Rec to act for me according to their best judgment in any emergency requiring medical attention. I hereby waive and release the Star Parks and Rec, its officers, coaches, referees, and the City of Star from any claims, medical or otherwise, on behalf of the registrant as a result of the registrant's participation in the program. I know of no physical or mental problems which might affect my child's ability to safely participate. I will be responsible for any medical charges in connection with his/her participation in the Star Parks and Recreation. By my signature below, I also agree to adhere to the Star Parks and Rec Code of Conduct.
 ***There will be a \$3.00 processing fee when a reimbursement/refund is issued. Refunds will only be considered when requested 3 days prior to the start of the program.

Signature _____ **Date:** _____

Club Use Only:	Date Received _____
	Amt Pd. _____
	Check # _____

How to Register:

1. Fill out form front & back
2. Drop off or mail to
Star City Hall
P.O. Box 130 Star, ID 83669
3. Make Check payable to City of Star
4. Wait for team/class assignment

RELEASE

I, as the participant and/or parent/legal guardian of the minor child listed, and in consideration for allowing myself or my minor child to participate in the city's recreation programs, and activities noted, hereby acknowledge and agree as follows on behalf of myself and my child:

1. I have requested that I or my minor child be allowed to participate in the city's recreation program(s) and activities recognizing that such participation involves, or may involve, risks, both known and unknown, of physical injury or illness.

2. I represent that I and/or my child is physically capable of participating in the recreation program(s).

3. By signing this release, I, on behalf of myself and my minor child, expressly assume all risks, known and unknown, of injury, illness and property damage to myself, my minor child, or to any third party arising from or related to my or my child's participation in the city's recreation program(s). I understand that the registered activities and services may have an element of hazard or inherent danger and I take full responsibility for my or my child's actions and physical condition.

4. By signing this release, I, on behalf of myself and my minor child, expressly exempt, waive, release and discharge in advance the city, its employees, officers and agents, from any and all claims, liabilities, actions, or damages for injury, illness or loss that may arise from my or my child's participation in the city's recreation program(s) and activities. I further agree to hold harmless and indemnify the city, its employees, officers and agents, from any and all injuries, damage, loss claims or demands including but not limited to attorney's fees, medical, and ambulance costs which arise from or are related to my or my child's participation in the city's recreation program(s) and activities.

5. I understand that this agreement incorporates the entire understanding and agreement between myself, my minor child, and the City of Star, its officers, employees, agents and representatives, and that it cannot be modified or changed in any way by the statements, promises or representations of any employee or agent of the city; and that this agreement is intended to be as broad and inclusive as permitted by the laws of Idaho, and that if any portion is held invalid or unenforceable, the remaining portions shall continue in full legal force and effect.

6. By executing this agreement I also do hereby authorize the city, its employees, officers and agents, to seek medical assistance for myself or my minor child in the event of injury or illness occurring to me or my child while participating in any city recreational program or activity. I also understand that the city, its employees, officers and agents will not be responsible for administering any medications.

7. I understand that no health, and/or accident insurance is provided for these activities and I, the undersigned parent or guardian or the participant, accept full responsibility for obtaining the same or for payment of all expenses in the absence of such insurance.

8. I give my consent to use any photographs or videotape taken of me or my child in future promotional or marketing materials at no cost.

9. My signature below indicates that I have read this document in its entirety, that I understand it completely, and that it affects my legal rights and the legal rights of my child, and that I, along with all heirs, assigns and personal representatives for myself and my child, agree to be bound by its terms. I also acknowledge that I am providing this waiver and release in advance for the benefit of the city knowing that all possible risks or causes of injury can neither be foreseen nor eliminated.

Signed by: _____
Participant and/or Parent/Legal Guardian

Date: _____