SPRING CITY RECREATION

Registration Forms & Waiver

Parent or Guardian	Partic	eipant	Age
Address	Male/Fema	le Youth S M	M L XL Adult S M L XL
City	Grade		
SPORT: □ Basketball □ Bas	seball	□Softball	□ Soccer □ Volleyball
Day Phone	Evening Phone	C	Cell Phone
Total Due \$	Cash/Check#		
E-mail Contact:			_
WAIVER AND AUTHORIZATION FOR MEDICAL ATTENTION The undersigned, as parent or guardian for a child participant, I hereby recognize and acknowledge that Spring City does not carry special health or accident insurance that would protect the participant in the event of accidental injury while participating in any program offered by Spring City. Any accidents or injuries shall be referred to my insurance carrier and I will assume full responsibility for the same. I agree to personally assume all expenses associated with accidents or injuries arising from participation in activities offered by Spring City. I further recognize that participation in activities is voluntary and that there are certain risks which I assume for participation. I hereby release and discharge Spring City, its elected and appointed officials, employees, and volunteers from all obligations, liabilities, claims, demands, costs, expenses, including attorney's fees, arising out of or in connection with any injury sustained by the participant. I authorize the employees or volunteers of Spring City to notify emergency help in case of accident or injury to the participant while participating in the program offered by Spring City, if in the discretion of the employee or volunteer, such emergency help is warranted. POLICIES AND SPORTSMANSHIP Profane Language: Profane language by players, coaches or spectators will not be tolerated. Players using profane language will be ejected from the game. Coaches or spectators using profane language will be ejected from the park or facility. Failure to comply with this ruling will result in an automatic forfeiture of the game.			
will not be tolerated. Game official after a formal warning during an off team's spectators. UNSPORTSMANLIKE CONDUCTION.	s or the Recreation Director reficial time-Out. Coaches will	nay bar a player be directly resp	
result with or without any warning g	-	D	nta
Parent or Guardian Signature Date Date I, as parent or guardian, am willing to participate as a volunteer in support of the program. (Please check one.)			
☐ Coach ☐ Assistant Coach ☐ Official			