



CITY OF FILLMORE
 CENTRAL PARK PLAZA
 250 Central Avenue
 Fillmore, California 93015-1907
 (805) 524-3701 • FAX (805) 524-7058

PARKS & RECREATION DEPARTMENT
 REGISTRATION FORM

Recreation Class: YOUTH BASKETBALL Participant's Grade: _____

Participant's Name: _____ Date of Birth: ___ / ___ / ___

Parent/Guardian Name: _____ Phone: _____

Address: _____ Email: _____

In case of emergency, contact:

Name	Phone	Relationship
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Please list any allergies/medical problems, including those requiring medication(s). (i.e Diabetes, Asthma)

Medical Diagnosis	Medication	Dosage	Frequency of Dosage

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment in the event of an emergency.

I have carefully read the description of activity(ies) for which I/we are registering attached hereto and incorporated herein by this reference and in consideration for being permitted by the City of Fillmore Parks and Recreation Department to participate in the above activity, I hereby waive, release, and discharge any and all claims for damages pertaining to personal injury, death, or property damage which I or my child or person for whom I am responsible may suffer, or which my hereafter accrue to me, him or her, as a result of participation in said activity. This release is intended to discharge in advance the City of Fillmore Parks and Recreation Department, its officers, employees and agents from any and all liability arising out of or connected in any way with my, his or her participation in said activity, even though liability may arise out of negligence or carelessness on the part of the City of Fillmore Parks and Recreation Department, its officers, employees and agents. It is understood that this activity involves an element of risk and danger of accidents, and knowing these risks, I hereby assume those risks. It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. I agree to defend, indemnify, and to hold the City of Fillmore Parks and Recreation Department, officers, employees and agents free and harmless from any loss, liability, damage, cost, or expense which may incur as the result of my, his or her, death or injury or property damage that I, he or she may sustain while participating in said activity.

I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE CITY OF FILLMORE PARKS AND RECREATION DEPARTMENT, ITS OFFICERS, EMPLOYEES, AND AGENTS AND I SIGN IT OF MY FREE WILL.

The City of Fillmore Parks & Recreation Department May use Photos, film, videotape, or otherwise reproduce the image and /or voice of any person who participates in any recreation program, class or special event and use the same for any purpose without payment. Your Participation in any event of program constitutes your permission to use your likeness.

Mr./Mrs./Ms.: _____ Date: _____
Authorized Parent/Guardian Signature

T-SHIRT SIZE: _____ CHILD'S AGE: _____
 PLEASE INDICATE YOUTH OR ADULT SIZE

HOW MANY YEARS HAS YOUR CHILD PLAYED BASKETBALL? _____

WHAT POSITION(S) HAS YOUR CHILD PLAYED? _____

Method of Payment: __ CASH __ CARD __ CHECK \$30 fee per bounced check **AMOUNT DUE:** _____

Code: 304-0000-0310-404