

ADULT RECREATION REGISTRATION FORM

TEAM/PLAYER INFORMATION

(If a Team must be completed by the Team Coach/Captain)

Please check the recreation program that you are interested in participating. Cost is \$15 per participant, and \$150 per team. If paying with check or money order, please make payable to Calhoun County.

_____ Winter Volleyball (16 & older) _____ Summer Basketball (18 & older)

Teams Only - Please type or print legibly. This form will give important information about participants and will be used to help determine placement.

Team Name: _____ Team Coach/Captain: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Additional Phone: _____

E-Mail Address: _____

Waiver/Release of All Claims: The Calhoun County Recreation Department requires a signed release covering participants in facilities and/or programs. Acceptance of the participation is without assumption or responsibility of any kind by the Calhoun County Recreation Department, its sectional associates, committee or the management of any site in which I may be entering or may participate. In consideration of the acceptance of my participation, I do hereby for my legal representatives release and forever discharge Calhoun County, its officers, committees, representatives, successors, agents, sponsors, supervisors, coaches, and instructors of and from any and all claims and damages, losses or injuries which may be suffered or sustained by me in connection with the activities during the period for which such permission is granted from the recreation facilities and/or program described, and all claims are hereby waived and released, and I do covenant not to sue therefore. I understand that I may be photographed or videotaped while participating in a Calhoun County Recreation service. I give permission for photos and video images of me to be used to promote the Calhoun County Recreation Department's recreation services. Such photos and video images remain the property of the Calhoun County Recreation Department.

PARTICIPATION ROSTER FORM

Player Name	DOB	Age	E-Mail Address	Fee
IMPORTANT: Application will not be processed without requested copy of birth certificate and authorized signature(s)				Total Fees

If you would like to receive email promotions from the Recreation Department, please check here

SIGNATURE

I have carefully read the Insurance Liability waiver on this form and understand that my signature is required below in order for myself or my child/ren to participate in the Calhoun County Parks and Recreation Department services.

Signature of Player or Team Captain _____ Date: _____