

ADULT BASKETBALL REGISTRATION FORM

1. Participant Information: *(please print)*

DATE: _____

Name: _____ Age: _____

Address: _____

City/State/Zip: _____ Phone: _____

E-Mail: _____

Emergency Contact: _____ Phone: _____

Name of Insurance Plan: _____

Policy No. _____ Group No. _____

Name, Address & Phone of Father's Employer: _____

Name, Address & Phone of Mother's Employer: _____

2. Please register me for the following activities:

1. TEAM NAME: _____ 4. _____

2. _____ 5. _____

3. _____ 6. _____

3. Please Read Carefully

Marple Newtown Leisure Services insures all of its activities for public liability and property damage only. Registrants, participants and general public use is at one's own risk. Marple Newtown Joint Recreation Commission (aka, MN Leisure Services), Marple Township, Newtown Township, Marple Newtown School District, and any of their respective agents, will not be responsible for any medical bills received as a result of any participation injury, in any of their programs, activities, or use of properties or facilities.

All registrants, or parents of minor children, are required to complete the above insurance information and certification before they will be accepted into a program and allowed to participate. All medical claims must be sent to your personal health plan provider. In addition, I agree that pictures/video taken during programs may be used for future promotional purposes (news releases, web site, etc.).

I have read the above requirements and fully understand its contents, and hereby certify and agree to hold harmless, the parties of the Marple Newtown Joint Recreation Commission (aka, MN Leisure Services), for injuries sustained while participating in any of its activities and programs. In the absence of a participant, parent or guardian's signature below, payment of fees and/or participation in the program shall constitute acceptance of the conditions set forth in this release.

Signature of registrant or Signature of parent of a minor