



Smithfield RECREATION ADULT PROGRAM/TEAM SPORT REGISTRATION FORM

Please complete all applicable areas:

Program Participant or Team Captain _____

League/Program/Activity _____ Team Name _____
(Be Specific)

Date of Birth ____/____/____ Age _____ Male _____ Female _____

Address _____ City _____ Zip _____

Home Phone _____ Work or Cell Phone _____

E-Mail (To notify you of upcoming leagues, events, standings & etc.) _____

As the team captain, I agree to be responsible for full payment of league/tournament registration.

Captains Signature

Team Roster

(Must be 18 years of age or

older)

	Name	Address	Phone	Waiver Signature*
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				

***All team members or parents/legal guardians for those under the age of 18 must read the waiver on the back of this form and sign in the area provided above.**

Staff Signature _____ Date _____ Amount Paid _____

Smithfield City Recreation Department

Waiver and Release Of Liability

- 1. I hereby recognize and acknowledge that my or my child(ren's) participation in recreational activities may involve bodily and/or emotional injury to myself and/or my child. In consideration of myself or my child(ren) being able to participate in such events, I, for myself, my child(ren), my heirs, my executors and administrators, hereby voluntarily and knowingly indemnify and hold harmless, defend, release, waive and discharge Smithfield City, and its officers, employees and volunteers from any and all suits, claims or liability, including negligence, based on any injury except that caused solely by the willful misconduct of Smithfield City, that may result from my or my child(ren)'s participation in Smithfield City Parks and Recreation activities. In addition, I agree that my insurance company or I will pay for medical, hospitalization, or any other expenses resulting from my or my child(ren)'s participation.**
- 2. The undersigned agrees that prior to participation they will: inspect the facilities and or equipment to be used, and if they believe anything is unsafe, they will immediately advise their coach or supervisor of such condition(s) and refuse to participate.**
1b. agree that the parents(s) or legal guardian(s) will instruct the minor participant that prior to participating, he or she should inspect the facilities and equipment to be used, and if the participant believes any thing is unsafe, they will immediately advise his or her coach or supervisor of such condition(s) and refuse to participate.
- 3. Assume all the foregoing risks and accept personal responsibility for the damages following any injury, permanent disability or death.**
- 4. Intending to be legally bound, do hereby release, waive, discharge and agree not to sue Smithfield City, Smithfield City Recreation Department, and its affiliated organizations, their respective administrators, officers, directors, agents, coaches, coordinators and instructors of programs on contract with Smithfield City and other employees or volunteers of the organization, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and leasers of premises used to conduct the event, all of which are hereinafter referred to as "releasees", from any and all liability to each of the undersigned, his or hers and next of kin for any claims, demands, losses, or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by negligence of the releasee or otherwise in connection with association or entry in and/or arising out of my traveling to, participation in and returning from competition of this event or program.**
- 5. I hereby authorize the staff/coaches of the Smithfield Recreation Program to act in my behalf as an individual, parent or guardian in accordance with their best judgment in the case of an emergency.**
- 6. In the event that I or my child(ren) sustains injury or illness while participating in this activity, I hereby authorize any first aid, medication, medical treatment or surgery deemed necessary by licensed medical personnel to be performed on my behalf if I am not immediately available to do so. I agree to assume full responsibility for all expenses, medical or otherwise, that may arise there from. I understand that my insurance company or I will pay for such emergency treatment.**
- 7. Refund policy: The Smithfield Recreation Department may withhold 25% of any refund due or resulting from any recreation program for administrative costs. All refunds must be requested in person and accompanied with a written refund request. No refunds will be given after the program has begun, or after the league schedule has been set. Refunds will be issued according to City Policy.**
- 8. The Team Captain agrees to be responsible for collecting and seeing that all team fees are paid in full.**
- 9. A \$5.00 late fee will be charged each month to all teams that have an outstanding account balance, which is 45 days, or more delinquent. All accounts that are delinquent 60 days will be turned over to the Smithfield City Court for collections.**
- 10. By signing this Waiver and Release of Liability, I acknowledge that I have read its contents and disclosures, that I understand its contents and disclosures, and that I agree to its terms and to abide by the rules & regulations as set forth.**