CITY OF
MARATHON, FLORIDA
Parks & Recreation Department
200 36th Street, Marathon, FL 33050
Phone (305) 743-6598 Fax (305) 289-5888

2017-2018 Youth Basketball Registration Form

Participants Name: _____

Date of Birth: _____/_____/_____ Age: _____ Grade: _____ Height: _____ Gender ◯ M ◯ F

Shirt Size: YXS (4-5) YS (6-8) YM (10-12) YL (14-16) YXL (16+)
Adult S Adult M Adult L

Years of experience in this sport: _____

Parent/Guardian Name: _____

Address: _____

Day time phone: _____ Evening Phone: _____

Email Address: _____

In case of Emergency Notify:

Name: _____ Relationship: _____ Phone #: _____

Address: _____ Alt. Phone #: _____

Sports Fee:

Amount paid: $_____ Cash: _____ Check #: _____

Collected by: _____ Date: _____

I, the undersigned parent or legal guardian of the minor, whose name appears below, consent and agree that the below named minor may participate in the above described activity. I further agree that the City of Marathon [the "City"] and its office, agents and employees will not be held liable for injuries or other loss sustained by the minor which occur as a result of my participation in the above described activity.

Therefore, the undersigned parent/guardian specifically WAIVE ANY CLAIM against the City and its offices, agents and employees for any loss, injury or damage sustained by the below named minor that arises out of participation in the above described activity. Further, the undersigned parent/guardian agrees to RELEASE and hold harmless the City and its offices, agents and employees from any and all claim, actions, demands, rights, judgments and expenses arising from or by reason of any and all known damage, claims or actions arising from the below named minor's participation in the above described activity.

This WAIVER and RELEASE shall continue notwithstanding any negligence or comparative negligence on the part of the City relating to such loss, injury or damage.

I, the undersigned parent/guardian, hereby give permission to the City and its offices, agents, and employees to call my physician and/or to arrange for transportation to a hospital in the event of any injury. Although I understand that the City and its offices, agents and employees assume no responsibility by doing so, I undersigned parent/guardian also agree that this waiver and release form shall be binding on my heirs, successors and assign.

By signing below, the undersigned parent/guardian acknowledges that [he/she] has fully read, understood and agree to each and every term contained in the Waiver and Release.

_____ _____ _____

Parent/Guardian (Print) Signature of Parent/Guardian Date

I would like to help as follows: Coach; Assistant Coach; Referee; Score Keeper; Other: _____