



CITY OF

MARATHON, FLORIDA

Parks & Recreation Department

200 36th Street, Marathon, FL 33050
Phone (305) 743-6598 Fax (305) 289-5888

2018-2019 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: _____



CITY OF
MARATHON, FLORIDA
Parks & Recreation Department

200 36th Street, Marathon, FL 33050
Phone (305) 743-6598 Fax (305) 289-5888

Health Information Form 2018

Please fill out clearly and return with registration. Bring to the park office, fax to (305)289-5888, or email.

Participant's Name _____

Birth Date ____ / ____ / ____ Age _____ Sex ☐ M ☐ F

Parent/Guardian's Name _____

Home Phone _____ Work Phone _____ Cell Phone _____

PHYSICAL CONDITION: Please note any conditions, which affect your child and symptoms to help us identify possible problems. Also please list any past (or current) medical problems that your child has had (or has) that we should be aware of?

ALLERGIES:

Food Allergies:

Symptoms: _____

Action to be taken by staff in event of onset: _____

Drug Allergies:

Symptoms: _____

Action to be taken by staff in event of onset: _____

Insect, Environmental or Other Allergies:

Symptoms: _____

Action to be taken by staff in event of onset: _____

PLEASE CHECK ALL THAT APPLY (if yes and there are multiple choices, please circle the appropriate one):

- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Does your child have Asthma? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Does your child have Diabetes? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Is your child sun sensitive? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Is your child ADD, ADHD or LD? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Does your child have Seizures, Fits or Shaking Spells? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Does your child have Speech, Hearing or Sight Limitation, tubes in ears? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Does your child suffer from headaches or stomachaches? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Does your child attend a special needs class in school? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Does your child know how to swim? |

Parent/Guardian's Signature

Date