



REGISTRATION FORM

Soccer Division _____

Basketball Grade _____

Swim Lessons Session _____ Level _____ Time _____

Other _____

PARTICIPANT INFORMATION					
Last Name:		First Name:		Middle Initial:	
Mailing Address:			City:		Zip:
Home Phone:		Date of Birth:		Age:	Grade:
				Male	Female
SHIRT SIZE:	Youth Small	Youth Medium	Youth Large	Adult Small	
	Adult Medium	Adult Large	Adult X-Large	Adult XX-Large	
List any medical problems or prohibitions participant has:					

PARENT / GUARDIAN INFORMATION					
Father/Guardian Name:			Mother/Guardian Name:		
Work Phone:		Cell Phone:		Work Phone:	
				Cell Phone:	
Email			Email		
List an emergency contact if someone other than parent/guardian:				Phone:	

ATHLETIC RELEASE, WAIVER OF LIABILITY AND ASSUMPTION OF THE RISK AGREEMENT

In consideration of being allowed to participate in the Escalon Babe Ruth athletic sports or recreational programs/classes, and related events and activities, the undersigned acknowledges, appreciates, and agrees that **the risk of serious injury including, but not limited to, permanent paralysis and/or other disability, injury, and death, is significant and does exist, even though particular rules, equipment, and personal discipline may reduce the risk.** Therefore:

1. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, **EVEN IF ARISING FROM THE NEGLIGENCE OF THE ABOVE NAMED ORGANIZATION the City of Escalon, its Council, Commissioners, officials, its employees** or others, and assume full responsibility for my participation;
2. I willingly agree to comply with the stated and customary terms and conditions of participation. If I observe any unusual significant hazard during my presence or participation, I will either remove the hazard, if possible, or discontinue my participation and/or bring such hazard to the attention of the nearest official immediately; and
3. I, for myself, my heirs, assigns, personal representatives and next of kin, hereby **RELEASE AND HOLD HARMLESS** to the fullest extent permitted by law the above named organization, their officers, officials, agents, employees, volunteers, other participants, sponsors, advertisers and owners and lessors of premises used to conduct the event, for **ANY AND ALL INJURY, DISABILITY, DEATH,** or loss or damage to person or property, **ARISING FROM THE NEGLIGENCE** of the above named organization.

FOR MINORS (UNDER 18 AT THE TIME OF REGISTRATION) This is to certify that I, as parent or legal guardian, have legal responsibility for this participant. I have read and understand the significance of this **RELEASE AND WAIVER** and do consent and agree to his/her waiver, release and assumption of the risk as provided above. I release and agree to indemnify and hold harmless the above named organization and associated persons from any and all liabilities for injury or damage to the above minor while participating in these programs **ARISING FROM THE NEGLIGENCE** of the above named organization and associated persons.

Participant Signature (Parent/Legal Guardian if under 18) _____ Date signed: _____

Would you like to contribute \$1.00 to Escalon Recreation Scholarship Fund for disadvantaged youth? **YES**
NO

FOR OFFICE USE ONLY:			
Date _____	Amount \$ _____	<input type="checkbox"/> Cash <input type="checkbox"/> Check # _____	Receipt # _____