



Medical Lake Parks & Recreation (509) 565-5007
 Airway Heights Parks & Recreation (509) 244-4845
 Cheney Parks & Recreation (509) 498-9250

ADULT SPORTS TEAM REGISTRATION FORM
 (to be filled out by TEAM CAPTAIN)

CAPTAIN INFORMATION:

First Name _____ Last Name _____

Mailing Address _____ City _____ State /Zip _____

Daytime Phone #: _____ Evening #: _____ Cell #: _____

Email Address _____

League Registering for: ___ Winter Coed-Volleyball ___ Coed-Ultimate Frisbee ___ Spring Softball
 ___ Summer Coed-Softball ___ Coed Sand Volleyball ___ Fall Coed Softball
 ___ Fall Basketball ___ Other : _____

(#1) TEAM REGISTRATION (to be completed by TEAM CAPTAIN ONLY)

Please return this application completed in full, with one payment for the full team fee to any of the three Parks & Recreation Departments. Please make your payment to the City which you register with. Your team will not be registered until all paperwork and payment in full is received. REFUND POLICY: Refund requests must be made directly to the City which you registered with. 50% refund will be given for cancellation requests made a minimum of 8 days prior to league start date. NO REFUND will be given less then one week (7days) before the league start date.

Team Name _____

Has your team participated in this league before: ___ No ___ Yes Year(s) _____

Number of: Males _____ Females _____ Total Members: _____

As a team what is your teams experience level: ___ Novice/ Recreational ___ Advanced/ Competitive

As team captain I understand that I am responsible for team registration and payment, and to communicate all league information to my team members.

 Team Captain Signature _____ Date _____

ALL TEAM MEMBERS MUST COMPLETE THE LIABILITY RELAEASE SIDE OF THIS FORM: PROVIDE ALL REGISTRATION INFORMATION, READ AND SIGN THE RELEASE OF LIABILITY AND CERTIFY THAT ALL INFORMATION IS ACCURATE

OFFICIAL USE ONLY		
Payment: _____	Receipt # _____	Date: _____
Notes: _____		

(#2) RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT FOR ADULT SPORTS PARTICIPATION

This is a release of liability. Read it carefully before signing.

I acknowledge that I voluntarily choose to participate in this Activity which is organized, co-organized, operated or administered by the Cities of Medical Lake, Airway Heights and Cheney (hereinafter referred to as M.A.C.).

I assume all risks and hazards incidental to participating in the Activity and do hereby waive, release, absolve, indemnify and agree to hold harmless M.A.C, their supervisors, participants and instructors for any claim arising out of any personal injury or property damage. I am fully aware of the potential dangers and risks inherent in this Activity, including physical injury, death or other consequences that may arise or result directly or indirectly from participation in this Activity.

I certify that I am of sound mind and at least 18 years of age. I have read this document in its entirety and sign this agreement freely and voluntarily, as an individual and on behalf of my heirs, executors, and agents, and agree to abide by all the provisions set forth in this document.

▶▶ALL TEAM MEMBERS MUST COMPLETE THIS FORM: PROVIDE ALL REGISTRATION INFORMATION, READ AND SIGN THE RELEASE OF LIABILITY AND CERTIFY THAT ALL INFORMATION IS ACCURATE.

PLEASE PRINT CLEARLY

First Name _____ Last Name _____
___ Male ___ Female Age ___ Phone# : _____
Address: _____ City/State _____ Zip: _____
Email Address: _____
Signature of Participant _____ Date _____
~~~~~

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
\_\_\_ Male \_\_\_ Female Age \_\_\_ Phone# : \_\_\_\_\_  
Address: \_\_\_\_\_ City/State \_\_\_\_\_ Zip: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_  
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