



11405 W Deno Rd. Spokane, WA 99224 | (509) 244-4845 | [www.ahparksandrec.org](http://www.ahparksandrec.org)

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

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

Please return this Team Registration Form and Player Roster completed in full to the Airway Heights Parks & Recreation Office. Payment is required to be paid in full at time of registration. Your team will not be registered until all paperwork and payment is received.

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

### LEAGUE INFO:

Sport: \_\_\_\_\_ Season:  Winter  Spring  Summer  Fall Year: \_\_\_\_\_

### TEAM INFO:

Team Name *(Inappropriate team names will be changed at the discretion of AHPR)*

\_\_\_\_\_

Has your team participated in this league before:  Yes  No Last Year Participated \_\_\_\_\_

# Players: \_\_\_\_\_ / Males: \_\_\_\_\_ Females: \_\_\_\_\_ Experience/Skill Level:  Novice/Rec  Advanced/ Comp.

### CAPTAIN INFO:

First & Last Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State /Zip \_\_\_\_\_

Phone #: \_\_\_\_\_ Email \_\_\_\_\_

As team captain I understand that I am responsible for team registration and payment, collecting roster signatures and to communicate all league information including league policies and Player Code of Conduct to my teammates.

Team Captain Signature \_\_\_\_\_ Date \_\_\_\_\_

### OFFICIAL USE ONLY

Payment Amount: \$ \_\_\_\_\_ Receipt # \_\_\_\_\_ Date: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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 City of Airway Heights. I assume all risks and hazards incidental to participating in the Activity and do hereby waive, release, absolve, indemnify and agree to hold harmless the City of Airway Heights, 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 agree that photographs and videos taken during such activities may be used for promotional purposes by Airway Heights Parks & Recreation on the city website, Parks & Recreation social media pages, and printed materials.

I certify that I am of sound mind and at least 18 years of age. I agree to abide by all rules and regulations governing adult sports, which includes any disciplinary measures or suspensions handed down by Airway Heights Parks and Recreation. 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.

	<b>FIRST &amp; LAST NAME</b> Please print clearly	<b>DOB</b> (MM/DD/YY)	<b>PHONE #</b>	<b>EMAIL</b> Please print clearly	<b>SIGNATURE:</b> I agree to the above statements.
<b>Cpt</b>					
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