



11405 W Deno Rd. Spokane, WA 99224 | (509) 244-4845 | www.ahparksandrec.org

## ADULT SPORTS TEAM REGISTRATION FORM (To be filled out 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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## **AIRWAY HEIGHTS PARKS & RECREATION ADULT SPORTS CODE OF CONDUCT**

It is the intent of Airway Heights Parks & Recreation to provide an enjoyable experience to all participants, as well as offer opportunities for individuals to pursue healthy, social activities in a safe and respected environment. It is the expectation of all players, captains, managers, and spectators to conduct themselves in a manner that is respectful, responsible and exhibits good sportsmanship at all times. We understand that at times athletics can become very competitive and can create tense situations. While we encourage playing hard and competing to the best of your ability, it is expected that players keep the game in perspective, and understand that fun and safety are our top priority during each and every contest. Conduct, actions or language that is deemed offensive or inappropriate will not be tolerated. The Adult Sports Code of Conduct applies to all players, managers, teams and spectators.

### **EXPECTATIONS:**

1. Treat all participants, officials and AHPR Staff with respect at all times.
2. Cooperate with other participants and officials. Refrain from the use profanity or obscene gestures.
3. Never physically hurt or cause harm to another participant or official.
4. Listen to, and follow, all given instructions/directions from league officials.
5. Ask the officials, in a calm manner, to explain any rules I do not understand.
6. Respect the facilities and the equipment.
7. Participate in a sportsmanlike and safe manner at all times.
8. Read and review the league rules and policies and adhere to them at all times
9. Uphold the league philosophy of healthy competition and sportsmanship.
10. Play hard. Have fun.

### **PLAYERS SHALL NOT:**

1. At any time lay a hand upon, push, shove, strike or threaten an official, employee or participant.
2. Endanger the safety of any player, official, employee or spectator.
3. Refuse to abide by an official's decision.
4. Use personal or verbal abuse upon any official for any decision or judgment.
5. Use unnecessary rough tactics in the play of the game against an opposing player.
6. Demonstrate objectionable behavior or dissent at an official's decision by throwing equipment or any other forceful action.
7. Discuss with an official in any manner the decision reached by such official (except Manager).
8. Use or consume alcohol, tobacco, or drugs at or during any league activity or on school district property.
9. Be under the influence of alcohol or drugs during any league activity.
10. Discuss publicly with spectators in a derogatory manner any play, decision, or personal opinion of other players during the game.
11. Play under another individual's name, falsify name, or falsify information on an official roster.
12. Play on more than one team in the same league.

Not following Code of Conduct will result in penalties such as:

- Verbal warning by official or AHPR Staff
- Ejections during a game
- Suspension from game(s)
- Removal from the League.

All players must complete the roster and sign the waiver prior to participation or be subject to game forfeiture or disqualification.

**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 16 years of age (Under 18 must have parent sign). 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>DATE:</b>
<b>Cpt</b>						
<b>2</b>						
<b>3</b>						
<b>4</b>						
<b>5</b>						
<b>6</b>						
<b>7</b>						
<b>8</b>						
<b>9</b>						
<b>10</b>						
<b>11</b>						
<b>12</b>						