

YUBA CITY PARKS & RECREATION DEPARTMENT
Youth Sports Program Registration & Participation Waiver Form

***NOTE: Participant(s) or legal guardian must complete waiver form in its entirety prior to the first class meeting.**

Youth Sports Program: _____

My child, _____, **birth date** _____, **grade** _____,

School _____, has my permission to participate in the above program sponsored by the Yuba City Parks & Recreation Department.

E-MAIL _____

T-Shirt Size - sample sizes available

| | | | |
|-------------------|----------------------------|--------------------|-----------------|
| _____ Boy | _____ Youth Small (6-8) | _____ Adult Small | _____ Adult XL |
| | _____ Youth Medium (10-12) | _____ Adult Medium | _____ Adult XXL |
| _____ Girl | _____ Youth Large (14-16) | _____ Adult Large | |

Please check if you would like to volunteer coach (not for Mighty Mite Programs).
Yes _____ No _____

Parent/Guardian _____ **Home** _____ **Work/Cell** _____

Address _____ **City** _____ **Zip** _____

Complete emergency information on who to contact immediately if parent/guardian cannot be reached.

Name _____ **Phone** _____

Please list any special needs due to a physical or mental disability _____

CITY OF YUBA CITY PARTICIPANT'S WAIVER, RELEASE, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

In consideration of permitting the above named participant(s) to enroll in and participate in the above class(es) given, taught or sponsored by the City of Yuba City ("CITY"), the Undersigned hereby voluntarily releases, discharges, waives and relinquishes any and all actions or causes of action for personal injury (including death) or property damage occurring to him/herself arising as a result of participating in or receiving instructions in said activity or any incidental activities. The Undersigned agrees that under no circumstance will he/she or his/her heirs, executors, administrators and assigns prosecute, present any claim for personal injury (including wrongful death) or property damage against CITY or any of its officers, agents, servants or employees for any of said or officers, agents, servants or employees for any of said or similar causes of action, including those which arise by the negligence of CITY or any of said persons. IT IS THE INTENTION OF THE UNDERSIGNED BY THIS INSTRUMENT, TO EXEMPT AND RELIEVE CITY FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE. The Undersigned further agrees to defend, indemnify and to hold harmless the CITY, its officers, employees, and agents, from any loss, liability, damage, cost, or expense arising out of the participation in said activity. The Undersigned acknowledges that he/she, has been fully and completely advised of the potential dangers incidental to engaging in the activity, fully and voluntarily assumes the risks of engaging in the activity. The Undersigned has read this document and is fully aware of the legal consequences of signing it.

Yuba City Parks and Recreation Department reserves the right to photograph facilities, activities and program participants for potential future use. All photos remain the property of Yuba City Parks and Recreation and may be used for publicity and promotional services.

I, as the parent or guardian of the participant, acknowledge that I have read this Waiver, Release, Assumption of Risk and Indemnity Agreement and sign it on behalf of the participant with full knowledge and understanding of its contents.

Date _____ **Signature of Parent/Guardian** _____

Print Name of Parent/Guardian _____

CONSENT TO MEDICAL TREATMENT OF MINOR:

I hereby give my consent to have the above applicant treated by a physician or surgeon in case of sudden illness or injury while participating in the above event. It is understood that the City of Yuba City provides no medical insurance for such treatment, and that the cost thereof will be at my expense. If a personal physician is listed below, every effort will be made to contact such physician. However, the location of the activity or the nature of the illness or injury may require the use of emergency medical personnel.

Name of Personal Physician _____ **Doctor's Phone Number** _____

Signature of Parent/Guardian _____

Please return this form with payment to:

Receipt # _____

Yuba City Parks & Recreation Department
1201 Civic Center Boulevard, Yuba City, CA 95993
(530) 822-4650 FAX (530) 822-7575
Register On-Line at: www.yubacity.net