

c r o w l e y
r e c r e a t i o n
d e p a r t m e n t



337-788-4124

FALL 2009 ADULT BASKETBALL REGISTRATION FORM

LAST NAME _____ FIRST NAME _____ INIT. _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME TELEPHONE # _____ WORK TELEPHONE # _____

BIRTHDATE _____ AGE _____ SHIRT SIZE _____

I, THE ABOVE NAMED PLAYER HEREBY GIVE APPROVAL FOR PARTICIPATION IN ANY AND ALL THE CROWLEY RECREATION DEPARTMENT AND PONY BASEBALL INC., LEAGUE ACTIVITIES. I HEREBY GRANT PERMISSION TO MANAGING PERSONNEL OR OTHER LEAGUE REPRESENTATIVE TO AUTHORIZE AND OBTAIN MEDICAL CARE FROM ANY LICENSED PHYSICIAN, HOSPITAL OR MEDICAL CLINIC SHOULD THE PLAYER BECOME ILL OR INJURED WHILE PARTICIPATING IN LEAGUE ACTIVITIES AWAY FROM HOME, OR WHEN NEITHER PARENT OR LEGAL GUARDIAN IS AVAILABLE TO GRANT AUTHORIZATION FOR EMERGENCY TREATMENT. I ASSUME ALL RISKS AND HAZARDS INCIDENTAL TO SUCH PARTICIPATION, INCLUDING TRANSPORTATION TO AND FROM ACTIVITIES, AND DO HEREBY WAIVE, RELEASE, ABSOLVE, IDENTIFY AND AGREE TO HOLD HARMLESS THE LOCAL LEAGUE ORGANIZATION, , SPONSORS, SUPERVISORS, PARTICIPANTS AND PERSONS TRANSPORTING THE PLAYER TO AND FROM THE ACTIVITIES, FOR ANY CLAIMS ARISING OUT OF INJURY TO THE PLAYER. I OR DO HEREBY GIVE MY APPROVAL TO PARTICIPATION IN ALL ACTIVITIES. I AGREE TO RETURN ANY UNIFORM OR EQUIPMENT ISSUED TO ME AT THE END OF THE SEASON, AND FURTHER AGREE TO PAY FOR ANY EQUIPMENT OR UNIFORM LOST OR RETURNED.

SIGNED _____ PLAYER

THIS RELEASE FORM MUST BE SIGNED BY THE PLAYER AND RETURNED TO THE CROWLEY RECREATION DEPARTMENT OFFICE, ALONG WITH REGISTRATION FEE OF \$25.00 BEFORE THE PLAYER WILL BE ALLOWED TO PARTICIPATE.

PAID _____ CK# / CASH _____ RECEIVED BY _____ DATE _____
TEAM NAME _____

AGE VERIFICATION ATTACHED? YES _____ NO _____ PREVIOUSLY TURNED IN? _____