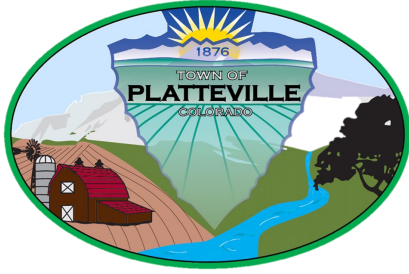


Receipt # _____

Amount Paid: _____ Date Received: _____

Received By: _____



Platteville Recreation

Janet Torres, Recreation/Senior Director

Phone: 970-785-2245 x 1101

400 Grand Ave, Platteville, CO 80651

jtorres@Plattevillegov.org

Activity/Sport: _____

Team Name: _____

Team Captain (this person will be the point of contact with the Town):

Phone: _____ Is this a cell phone: Y N

Email: _____

Physical Address: _____ City: _____ Zip: _____

Mailing Address (if different) : _____ City: _____ Zip: _____

Roster:

Player Name: _____ Gender: M F

Player Name: _____ Gender: M F

Player Name: _____ Gender: M F

Player Name: _____ Gender: M F

Player Name: _____ Gender: M F

Player Name: _____ Gender: M F

Player Name: _____ Gender: M F

Player Name: _____ Gender: M F

Player Name: _____ Gender: M F

Player Name: _____ Gender: M F

Player Name: _____ Gender: M F

Adult Sports Registration Information:

- ⇒ Payment must be made prior to the first week of games
- ⇒ No alcohol or tobacco products are allowed on school grounds or in the gym.
- ⇒ Good sportsmanship is required. Teams with unsportsmanlike conduct will be asked to leave.
- ⇒ Participants and spectators must stay in the gym.
- ⇒ Water only in closed containers in the hallways outside of the gym.
- ⇒ All participants are required to complete and sign the emergency contact waiver for each activity.

Team Name: _____ Sport: _____

Player Name: _____ Phone: _____ Shirt Size: AS AM AL AXL AXXL

Email: _____

IN CASE OF EMERGENCY CONTACT (Different than above):

Contact 1

Name: _____ Relationship: _____ Phone: _____

Contact 2

Name: _____ Relationship: _____ Phone: _____

Does the Participant have insurance: Yes No If yes, current insurance provider: _____

Pre-existing Medical conditions (Allergies, Asthma, etc....): _____

I, _____ intend to enroll in the following activity sponsored by the Town of Platteville and scheduled to take place during the time period indicated:

Activity/Sport: _____ Dates of Participation Fall Winter Spring Summer Year: _____

I give permission to be photographed and participate in media coverage (Circle one): YES NO

I, _____ understand the hazards, perils and potential injuries that may result from my participation in the above activity/event. I understand that all such activities pose the possibility of injury; and although remote- there is even a statistical possibility of permanent paralysis or death. I have been given the chance to ask questions of appropriate town personnel and volunteers concerning such risks and hazards, and acknowledge that any such questions have been satisfactorily answered. Having received sufficient information to make an informed decision, I hereby agree to assume all such risks and release the Town, its staff and volunteers from liability resulting therefore. This Waiver and Release of Liability is executed on behalf of me, my child and my heirs, person representatives, successors and assigns. **BY SIGNING THIS WAIVER AND RELEASE OF LIABILITY , I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD ITS CONTENTS.**

Signature: _____ Date: _____

Team Name: _____ Sport: _____

Player Name: _____ Phone: _____ Shirt Size: AS AM AL AXL AXXL

Email: _____

IN CASE OF EMERGENCY CONTACT (Different than above):

Contact 1

Name: _____ Relationship: _____ Phone: _____

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Signature: _____ Date: _____