

CITY OF CRIPPLE CREEK – PARKS & RECREATION UNIVERSAL REGISTRATION FORM

YOUTH SPORTS

Circle Activity: Soccer T-Ball/Baseball/Softball Basketball Wrestling Other: _____

Parent/ Guardian: _____ Home Phone: _____ Work Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Mailing Address
(if different than above): _____ City: _____ State: _____ Zip: _____

Email Address: _____

Player's Full Name	Sex	Age	DOB	Grade Level	Shirt Size	Season (Fall, Winter...)	Year	Fee

Player/ Coach Request: _____ (player's name), would like to play with _____

Emergency Contact _____ Phone# _____

Emergency Facility _____ Physician _____

I/We the parents/guardians of the above named candidate for a position on a CCPR team, hereby give my/our approval to participate in any and all CCPR activities. I/We assume all risks and hazards incidental to such participation, including Transportation to and from Activities and Lodging if necessary; and I/We do hereby waive, release and agree to hold harmless the City of Cripple Creek, Cripple Creek Park & Recreation, Cripple Creek School District RE-1, City of Victor, City of Woodland park, Teller County, sponsors, supervisors, coaches, and participants for any claim arising out of any injury to my/our child. The undersigned do hereby covenant and undertake with the CCPR executors administrators, agents, and assigns to forever refrain and desist from instituting or asserting against the City of Cripple Creek or its Park & Recreation Department any claim, demand, action or suit of whatever nature, either directly or indirectly for injuries or damages to person(s) or property resulting or to result from any accident which occurred during the course of CCPR season. I further agree that my photographs, pictures, slides or movies taken or made by CCPR, their employees, officers and directors, in connection with my participation in the CCPR either Leagues or Tournaments, or any reproduction of the same, as well as my name, may in any manner be used by CCPR, or by any person, corporation or association authorized by CCPR.

Parent/Guardian Signature _____ Date _____

ADULT SPORTS

Circle Activity: Softball Volleyball Other: _____

Team Name: _____ Team Representative: _____

Address: _____ City: _____ State: _____ Zip: _____

Mailing Address
(if different than above): _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Email Address: _____

Season (Fall, Winter, Summer, Spring)	Year	Fee

In consideration of being permitted to participate, I hereby agree for myself, successor, heirs and assigns, Release and forever discharge the City of Cripple, the Parks & Recreation Department, the Cripple Creek School District, Teller County, the City of Victor, and all their representatives, successors from all claims, actions or judgements I may have or claim to have against for all personal injuries, including death, and injuries to property, real or personal, caused by or arising out of my participation in the CCPR either Leagues or Tournaments. I further agree for myself, successor, heirs and assigns to indemnify and hold the City of Cripple, the Parks & Recreation Department, the Cripple Creek/Victor School District-RE-1, Teller County, the City of Victor harmless from all claims and suits for personal injuries, including death, damages to property caused by my act of omission arising out of participation in the CCPR and from all judgments recovered and from all expenses incurred in defending said claims or suits. I further agree that my photographs, pictures, slides or movies taken or made by CCPR, their employees, officers and directors, in connection with my participation in the CCPR either Leagues or Tournaments, or any reproduction of the same, as well as my name, may in any manner be used by CCPR, or by any person, corporation or association authorized by CCPR. I am in good health and have no physical condition that would prevent me from participation in CCPR events. I, THE UNDERSIGNED, HAVE READ AND UNDERSTAND THE FOREGOING RELEASE.

Signature _____ Date _____

PAYMENT INFORMATION (OFFICE USE ONLY)

Date	Amount Paid	Cash	Check #	Charge (Visa or Mastercard)	Receipt #
	\$				

HELPING OTHERS

Scholarship Fund: Yes! I would like to contribute: \$1 \$2 \$5 \$10 or \$_____ To the CCPR Youth Scholarship Fund. This will allow children who otherwise not be able to participate or attend Youth Sports Programs. Please include your donation with this registration. Thank You!