



**UNION CITY
PARKS & RECREATION
ACTIVITY REGISTRATION FORM**



For Official Use	
Amount Paid	
<input type="checkbox"/> Cash <input type="checkbox"/> Cashier's Check <input type="checkbox"/> MO <input type="checkbox"/> Checks	
Balance Owed	
Receipt No.	
Date	

Please complete the form below and enclosed WITH payment in an enclosed envelope and place in Payment Drop Box located outside the Etris Building. Payments must be cash, check, cashier's check or money order.

PARTICIPANT INFORMATION (Please print)

Last Name: _____ First Name: _____ MI: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Birth Date: _____ Age: _____ Height: _____ Weight: _____ Sex: _____

Is the child covered by Insurance? Yes No

Insurance Provider: _____ Insurance #: _____

Does your child have any allergies you are aware of? Yes No

If yes, please list: _____

Activity (please check one)

- Baseball Basketball Football Cheerleading Soccer
 Track and Field

PARENT/GUARDIAN INFORMATION (Please print)

Mother/Guardian Name: _____

Home Phone #: _____ Work Phone #: _____

Cell Phone #: _____ Email: _____

Father/Guardian Name: _____

Home Phone #: _____ Work Phone #: _____

Cell Phone #: _____ Email: _____

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____

Contact #: _____ Alternative #: _____

AMOUNT ENCLOSED:

RELEASE & WAIVERS (PLEASE READ CAREFULLY)

I the undersigned parent/guardian of the above listed minor applicant/participant hereby give my approval for his/her participation in any and all activities during the current season. We do hereby waive, release, absolve, indemnity and agree to hold harmless, the City of Union City and their representative, for any claim(s) arising out of an injury to my child and any medical treatment relating to any injury. By waiving any rights to assert a claim, I am agreeing to release, absolve, indemnity and hold harmless any and all parties previously mentioned for any and all liability arising from any injuries incurred by participating in the selected programs. My waiver expressly means that I the participant's legal parent or guardian, agree to be financially responsible for the cost of medical treatments associated with any injuries.

I, the undersigned, agree to the arrangements set forth above and hereby consent to the delivery of routine medical care and first aid to my/our child as described above, without the need of any additional consent from me. I the undersigned have been informed and agree that while my child is participating in the program offered through the City of Union City, first aid will be administered if necessary by the staff until medical care facilities can be reached. I will be informed of any medical treatment that my son/daughter has received.

I understand that in case of a major medical emergency, every possible attempt will be made to contact me before treatment is administered. However, the coach or the representative of the City of Union City may consent on my behalf to treatment advised by medical personnel for my son/daughter in the event I cannot be contacted through reasonable efforts.

SUBMISSION OF DOCUMENTS/PARK RULES

- I do hereby agree to furnish a certified birth certificate of the above named child upon request of park and league officials. I also understand that a copy of the aforementioned birth certificate will be distributed to my child's Team Mom or coach.
- I do hereby agree to allow the team coach, league officials, and representatives of Union City Parks and Recreation to operate the team without interference from me.
- I do hereby agree to provide a copy of insurance information on my child participating in any program.

I have and hereby understand the Release & Waiver statement and other requirements listed above, and fully agree with the provisions of this document.

Parent/Guardian's Signature: _____

Date: _____

REFUND POLICY

I hereby agree that there will be a Non-Refundable registration fee given upon my registering my child for any of the athletic programs offered by the City of Union City. I understand that the City will accept full payment in the form of CASH, CHECK, MONEY ORDER OR CASHIER'S CHECK.

NO REFUND!

I have and hereby understand the Refund Policy and fully agree with the requirements of this document.

Parent/Guardian's Signature: _____

Date: _____

FIELD MARSHAL

I would like to volunteer as a Field Marshall for my child's team.

YES NO

MEDIA RELEASE

I, the undersigned, do hereby consent and agree that the City of Union City may use and distribute my image or my child's image for the purpose of web design, news outlets, advertising and all other communication purposes now and hereafter known. I further consent that mine and/or my child's name and identity may be revealed therein or by descriptive text or commentary. I do hereby release to the City of Union City and its employees all rights to exhibit this work in print and electronic form publicly or privately. I waive any rights, claims or interest I may have to control the use of mine or my child's identity or likeness in whatever media used. I understand that there will be no financial or other remuneration for recording my child, either for initial or subsequent transmission or playback. I also understand that the City of Union City is not responsible for any expense or liability incurred as a result of my participation in this recording, including, but not limited to medical expense due to any sickness or injury incurred as a result. I represent that I am at least 18 years of age, have read and understood the foregoing statement, and am competent to execute this agreement.

Parent/Guardian's Signature: _____

Date: _____