

SNOWFLAKE/TAYLOR RECREATION AND PARKS DEPARTMENT

81 West 1 South - Snowflake, Arizona 85937

Official Entry Form (Team or Individual)

Team Name _____ Coach/Instructor _____ Phone _____

Activity _____ Classification _____ Address _____

Entry Fee \$ _____ Amount Paid \$ _____ Phone (Cell) _____ (Home) _____ (Work) _____

Email _____ (Bracket and future tournament information will be sent by email.)

Roster and Participation Waiver form

I hereby give permission for myself or my child to participate in the above listed Snowflake/Taylor Recreation Program. I fully understand that the Snowflake/Taylor Recreation and Parks Department and the Snowflake School District #5 do not carry accident insurance for participants. I, hereby for myself or my child, waive and release any and all rights and claims for damages I or my child may have against both the Snowflake/Taylor Recreation and Parks department and the Snowflake Unified School District #5, their employees, representatives, and agents, for any and all injuries suffered by myself or my child in the participation of this activity. I further agree to indemnify both the Snowflake/Taylor Recreation and Parks Department and the Snowflake Unified School District #5, their employees and agents, and each of them, from any loss, liability, damages or cost they may incur due to the presence of myself or my child at any activity sponsored by the Snowflake/Taylor Recreation and Parks Department. I expressly agree that this release, waiver and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the State of Arizona, and that if any portion thereof is held invalid, it's agreed that the balance shall, notwithstanding, continue in full force.

1 _____ [][][][]

2 _____ [][][][]

3 _____ [][][][]

4 _____ [][][][]

5 _____ [][][][]

6 _____ [][][][]

7 _____ [][][][]

8 _____ [][][][]

9 _____ [][][][]

10 _____ [][][][]

11 _____ [][][][]

12 _____ [][][][]

13 _____ [][][][]

14 _____ [][][][]

15 _____ [][][][]

Participants
Name (print)

Parents/Participants
Signature

Phone

Eligibility (if applicable)

*Umpire _____ Cell _____

As manager/coach I submit that all players listed submit to the above participant waiver form.

Signature _____ Date _____