



City of Gustine Recreation Department

FLAG FOOTBALL
REGISTRATION CONTRACT

FOR OFFICE USE ONLY	
Amount Paid:	_____
Cash	<input type="checkbox"/>
Check#:	_____
CC#	_____
Birth Certificate	<input type="checkbox"/>
Initials:	_____

Child's Name: _____

Check One: Male Female

Birth Date: _____ Current Grade: _____

Jersey Size: YS YM YL AS AM AL AXL

Home Address _____ City: _____ Zip: _____

Phone Number: _____ Message Phone: _____

Parent or Legal Guardian's Name: _____

May we contact you at work? Yes No Work Phone Number: _____

List any medications/physical conditions that your child has that we need to be aware of:

During your child's participation in this activity, will he/she need use of an inhaler or other medically necessary medications? Yes No (If yes, you must fill out a Parental Consent form for Self Administration of Medicine.)

Emergency Contact Name (other than self): _____

Relation: _____ Phone Number: _____

Are parents of the above participant willing to volunteer: Yes No

If yes, please describe what you would like to help with: _____

Is there any other information we should know about your child?: _____

West Side Flag Football
NEWMAN & GUSTINE
Release/Waiver of Liability

Child's Name: _____ DOB: _____ Division: _____

In consideration of permitting the participant identified above to participate in the requested City of Gustine recreational activity ("Activity"), the undersigned shall indemnify, hold harmless and defend the City of Gustine, Gustine Unified School District and the City of Newman their elected officials, employees, agents, volunteers, and any co-sponsor of the Activity (collectively, "City"), against all liability (including without limitation court costs and attorneys' fees), claims, losses, demands or actions for injury to or death of any person(s), or damage to property relating to or arising from his or her participation in the Activity. The undersigned releases, waives, discharges and covenants not to sue the City from and for any and all liability for any loss or damage to the participant from and for any claim or demands therefore on account of injury to the person or property of the participant, including death, whether caused by the negligence of participant, the City, or anyone else, whether the risks are known or unknown.

The undersigned additionally acknowledges that s/he has read California Civil Code § 1542, which provides:

A GENERAL RELEASE DOES NOT EXTEND TO CLAIMS WHICH THE CREDITOR DOES NOT KNOW OR SUSPECT TO EXIST IN HIS OR HER FAVOR AT THE TIME OF EXECUTING THE RELEASE, WHICH IF KNOWN BY HIM OR HER MUST HAVE MATERIALLY AFFECTED HIS OR HER SETTLEMENT WITH THE DEBTOR.

The undersigned hereby waives all rights and protections otherwise available to him or her under Civil Code § 1542. The participant shall follow all directions and requests of the City during the Activity and failure to do so may result in being unable to participate in the Activity, loss of Activity fees or other appropriate remedies as determined by City. The undersigned also certifies that the participant is physically fit, has sufficiently trained for participation in the Activity and have not been advised otherwise by a qualified medical person. The undersigned acknowledges that the City reserves the right to photograph participant during the Activity designated in this notice for future publicity or promotion use only. The undersigned, by signing below, acknowledges that s/he has read and understands this notice. The undersigned further warrants s/he is legally competent and otherwise able to sign this notice.

I certify that I have read this contract, understand its provisions, and that the information is accurate.

Participant Signature

Date

CONSENT OF WAIVER FOR PARTICIPANT: I understand the risks involved by participating in the above activity for which I/we are registering, and in consideration for being permitted by the City of Newman to participate in the above activity, I hereby waive, release and discharge any and all claims for damages for personal injury, death, or property damage which I may have, or which may hereafter accrue to me, as a result of participation in said activity. This release is intended to discharge in advance the City of Newman (its officers, and/or officials, employees, volunteers and agents) from any and all liability arising out of or connected in any way with my participation in said activity, even though that liability may arise out of negligence or carelessness on the part of the City, unless caused by the sole negligence of the City. It is understood that this activity involves an element of risk and danger of accidents and knowing those risks I hereby assume those risks. It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. I agree to indemnify and to hold the City free and harmless from any loss, liability, damage, cost, or expense which it may incur as the result of my death or injury or property damage that I may sustain while participating in said activity. I understand that a physician's clearance is recommended prior to participation. I hereby authorize Newman Recreation Department or its volunteers to seek medical treatment if my child becomes injured or ill.

I also understand the following refund policy: Full refund with the exception of a \$10.00 administrative fee charge, until the final day of late registration. After the final day of late registration, NO REFUNDS WILL BE ISSUED. I understand that there is a \$20 service charge on all returned checks. This fee as well as all original charges must be paid in cash at Newman Youth Center before my child will be allowed to participate.

The Recreation Department reserves the right to photograph facilities, activities, and program participants for potential future use. All photos remain the property of the City of Newman Recreation Department and may be used for art projects, good behavior recognition, and occasional publicity and promotional purposes. My signature releases the City of Newman from any and all liability and/or obligation to me and/or my child(ren) for the use of such documentation.

I also understand that I must get my child to practice/games on time and pick them up on time. Remember this is your responsibility not the coaches or staffs responsibility. I agree to conduct myself in a sportsmanlike manner at all times. I understand that this is expected of players, parents, and other family members or friends and that the Recreation Department staff has the authority to remove anyone violating this stipulation without discussion. The City retains the ability to include suspension and/or permanent exclusion should the City deem it appropriate.

ASSEMBLY BILL 2007 (Concussion-Related Injuries): I understand that Newman Recreation Department has adopted concussion-related education, awareness and protocol. By signing below, I acknowledge that I have been provided the links and/or informational sheets to read and discuss concussion-related injuries with my child. I understand the nature and risk of concussion and head injury to youth athletes, including the risks of continuing to play after concussion or head injury.

I certify that I have read this contract, understand its provisions, and that the information is accurate.

Participant Signature

Date