



City of Winters Youth Basketball

La Ciudad de Winters y El Programa de Adolescentes de Baloncesto

2019-2020 Volunteer Registration

Due to City Hall by 5:00PM on November 8, 2019

Games are played on Saturdays and Sundays at the High School gym starting sometime in December/January

Los juegos se llevarán a cabo los sábados y domingos, en el gimnasio de Winters High School, empezando entre diciembre y enero. Los entrenadores estarán en contacto para dejarles saber más información.

Volunteers are always needed and help is greatly appreciated.

I would like to participate in the Winters Youth Basketball by volunteering as a:

Coach: _____ Asst. Coach: _____ Other: _____

Name: _____

Address: _____

Phone #: (____) _____ Emergency #: (____) _____

E-mail Address (used for updates): _____

Describe Prior Basketball Experience: _____

Voluntarios siempre se necesitan y su ayuda es muy apreciada.

Me gustaría participar en el baloncesto como voluntario como:

Entrenador: _____ Asistente de Entrenador: _____ Otro: _____

Nombre: _____

Domicilio: _____

Teléfono: (____) _____ Numero de Emergencia: (____) _____

Correo electrónico: _____

Experiencia anterior de baloncesto: _____

CITY OF WINTERS PARKS AND RECREATION

ACTIVITY: "YOUTH BASKETBALL"

WAIVER OF LIABILITY, MEDICAL RELEASE & INDEMNIFICATION AGREEMENT

In consideration of being permitted by the above City to participate in the Above described activity, each of us hereby waives, releases, and discharges any and all claims and damages for personal injury, death, or property damage which may occur as a result of participation in said activity. This releases the above named group (its officers, employees, and agents) from and against any and all liability arising out of or connected in any way with the participation of said activity, even though that liability may arise out of negligence or carelessness on the part of said City and the Youth Basketball, or activities its officers, employees, and agents.

Each of us understands that the described activity may be of a hazardous nature and/or include physical and/or strenuous exercise or activity; that serious accidents occasionally occur during the above described activity; and that participation in the described activity occasionally sustain mortal or personal injuries and/or property damages as a consequence thereof. Knowing the risks involved, nevertheless each of us has requested permission to participate in the above City and Youth Basketball (its officers, employees, and agents) who through negligence or carelessness might otherwise be liable to me. It is further understood and agreed that this waiver, releases and assumption of risk is to be binding on the heirs and assigns of each of the undersigned.

Each of us further agreed to indemnify and to hold the above City and Youth Basketball (its officers, employees, and agents) free and harmless from any loss, liability, damage, cost or expense which may incur as a result of any injury and/or property damage that said minor child may sustain while participating in said activity,

I further agree to reimburse or make good any loss or damage or cost the above City and Youth Basketball, or activities (its officers, employees, and agents) may have to pay if any litigation arises on account of any claim made by said minor child or by anyone on behalf of said minor child.

I agree that in the event medical or surgical treatment while under the supervision of said City and Youth Basketball, or activities in connection with the described activity, such supervisor may authorize treatment. I also agree to pay all medical, hospital, or other expense, which said minor, may incur as a result of such treatment. I expressly permit said minor to travel by private automobile to activities and events related to the above-described activity.

I have carefully read this Waiver of Liability, Medical Release, and Indemnification Agreement and fully understand its contents. I am aware that this is a release of liability and a contract between myself and the City Youth Basketball, or activity and I sign of my own free will.

Name of Participant _____ Age _____

Signature of Participant _____ Date _____

Signature of Father (if Participant is Minor) _____ Date _____

Signature of Mother (if Participant is Minor) _____ Date _____