Foothills
Park & Recreation District

FOOTHILLS PARK & RECREATION DISTRICT
FOOTHILLS ADAPTIVE BASEBALL and SPORTS MADE POSSIBLE
2010 VOLUNTEER REGISTRATION FORM - UNDER THE AGE OF 18

NAME_____GROUP_____

DATE OF BIRTH: _____/_____/_____(mm/dd/yyyy) AGE_____

ADDRESS_____

CITY_____STATE_____ZIP_____

PHONE(H)_____ PHONE(Cell)_____

E-MAIL ADDRESS_____
by entering your email address you agree to receive emails about volunteer information and special news about Sports Made Possible (Your email address is for the sole use of SMP & FHPRD).

REGISTRATION RELEASE FORM FOR BUDDY UNDER 18 YEARS

In consideration for Foothills Park & Recreation District (FHPRD) and Sports Made Possible (SMP) providing the opportunity for the above named child to participate in Foothills Adaptive Baseball (FAB) and SMP activities, the undersigned parent and authorized adult do hereby release and agree to indemnify and hold harmless FHPRD and SMP, their officers and directors from any and all claims for personal injury, death, property damage, or any type of claim or damage (including but not limited to attorney's fees or litigation expenses) resulting from the child's participation in FAB league games and/or SMP activities. As a parent of the named child I assume all risks and hazards incidental to such participation and consent for my child to receive first-aid and/or emergency care in the event my child suffers an injury during sanctioned games or activities.
I hereby grant to SMP & FHPRD the absolute right and permission to use, reuse, publish, re-publish, reproduce, copyright and make derivative works of photographs of the child, made through any medium, for advertising of SMP and/or FAB events, and release and agree to hold harmless SMP and FAB from any liability by virtue of such use, reproduction and/or publication. I consent to the use of any printed matter in conjunction therewith and waive any right to inspect or approve the finished product or the advertising copy.

As the authorized adult, I represent that the child's parent is aware of and consents to the child's participation in FAB league games and/or SMP activities, that the parent consents and agrees to the terms of this Registration Release, and authorizes my signing this document on his/her behalf.

_____ X_____
Parent/Guardian Name (Print) Parent/Guardian Signature

_____
Date Signed

_____ _____
Best Phone Number E-Mail Address

PLEASE RETURN THIS COMPLETED FORM TO: LILLEY GULCH RECREATION CENTER
ATTN: LAURA ROCCHIO, 6147 S. HOLLAND WAY, LITTLETON, CO. 80123
PHONE 303.409.2506 - FAX 303.409.2540 laurar@fhprd.org