SPORT:_____TEAM NAME:_____

CITY OF KENTWOOD PARKS AND RECREATION DEPARTMENT
355-48TH STREET SE KENTWOOD, MI 49548
PHONE (616) 656-5270 – FAX (616)656-5282
Team Sports – Individual Player Form

Player Name _____ Manager Name _____

Night Playing_____ Season Playing: Spring/Summer/Fall/Winter (Circle One)

Home Phone _____ Work/Cell Phone _____

Mailing Address _____City_____ Zip Code_____
(NO ADDRESS = NON-RESIDENT)

Player's Birthday _____/ _____ / _____ Email Address_____

Please check the following that apply to you based on your permanent residence as listed above.

_____ I am a City of Kentwood Resident = $0.00

_____ I live outside the city of Kentwood, but in the Kentwood or Kelloggsville Public School District = $0.00

_____ I live outside the City of Kentwood, as well as, the Kentwood or Kelloggsville Public School District = $15.00

_____ The team I am playing on is sponsored by a Kentwood Company and I work for the company. (Team fee was paid in full by the company). If you checked this box, the company must have on file with us, a copy of the Company Verification Form in order to waive your $15.00 non-resident player fee.

- This form must be on file at the Parks and Recreation Office in its original format by 5:00pm. the day of your first scheduled game. If you do not turn it in by this time you are ineligible to play in any game sponsored by the City of Kentwood Parks and Recreation Department. If you do play in a game without turning in this form your team will be subject to forfeiting all games that you play in until the form is on file.

WAIVER, RELEASE OF LIABILITY, AND CONSENT: This waiver, release of liability, and consent is given by the undersigned participant on his or her own behalf if 18 years of age or older, or given by the undersigned parent or legal guardian of the minor participant, in which case this release and waiver is made both on behalf of such minor and for such parent or legal guardian.

This waiver, release of liability, and consent is voluntarily given by the undersigned to allow the participant to participate in the recreational activities offered by the City of Kentwood or the Kentwood Parks and Recreation Department (either the "City").

I realize that I am not obligated to sign this form and may simply forego participation in such activities. Notwithstanding that fact, I wish to participate, and I therefore expressly assume the risk of injury or harm in participating in the activities. *I voluntarily and freely waive and release, and hold harmless the City and its officials, agents, contractors, volunteers, and employees from any and all liability, claims, and demands of whatever kind or nature, including injury however severe, to the participant or the participant's property, in any way arising from participation in the activities. I acknowledge that the activities may be inherently dangerous or ultra-hazardous and that injuries may occur by participating in the activities*.

I authorize the City to allow emergency medical treatment to be administered to the participant. I confirm that the participant is covered by a family health insurance plan. If the participant is not covered, or to the extent coverage is limited, I assume all financial responsibility for any injuries to the participant and all related costs, claims, or other liability.

Furthermore, I authorize the City to use photographs of the participant for its own advantage, including but not limited to, reproducing photographs of the participant in brochures and other publicly distributed promotional literature. I acknowledge and agree that neither I nor the participants are entitled to any compensation for any use of the photographs.

X_____ X_____
Signature of Participant (if over 18 years) Signature of Parent/Legal Guardian (if under 18 years)

_____
Please print name of person (over 18) or parent guardian signing this form Date

Office Use Only:
Date Received_____ Staff _____Amount_____ Cash/Check/Charge _____