

Oconee County Parks and Recreation Department

2019-2020 Intramural Basketball Individual Registration Form

In County Fee: \$95

Out of County Fee: \$142.50

Registration Deadline: November 15, 2019

Please Print Clearly

Participant's Name _____

Team Name _____ Unattached Yes No

Team Manager's Name _____

Parent E-mail Address _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Mother's Name _____ Cell Phone _____

Father's Name _____ Cell Phone _____

Emergency Contact _____ Cell Phone _____

Date of Birth ___/___/___ Age ___ Sex _____ Grade _____ School _____

Medical Conditions/Allergies _____ Current Medications _____

Shirt Size – Circle one:

Youth: Small Medium Large

Adult: Small Medium Large X-Large XX-Large

Refund Policy: No refunds or credits will be granted unless requested by program registration deadline (11/15/2019). If request is made by program registration deadline, you will have two options: (1) Receive an immediate credit for the full amount valid for 12 months or (2) Receive a refund, minus a 25% administration fee. Out of County fees will be returned with refund; registration convenience fees are non-refundable.

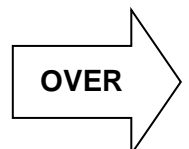
Concussion Policy:

In order to register, parents must **initial here** _____ to confirm the following:

- ✓ I, the parent/guardian hereby acknowledge receiving concussion information.
- ✓ I accept my responsibility to report my child's symptoms to OCPRD staff, coaches, and health care providers.
- ✓ I understand that my child must not have any concussion symptoms before returning to play and must have written permission from a health care provider trained in concussion management before returning to play.

Player Signature _____ Date _____

Parent/Guardian Signature _____ Date _____



PARTICIPANT WAIVER & RELEASE OF LIABILITY

MUST BE SIGNED TO PROCESS REGISTRATION

In consideration of the named participant being allowed to participate in any way in the Oconee County Parks and Recreation Department programs, related events and activities, I, the parent/ legal guardian, of the named child, or as an adult participant, hereby acknowledges, appreciates, and agrees to the following:

1. The risk of injury or damages to my child and/or myself from the activities involved in the programs is significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. FOR MYSELF, SPOUSE AND CHILD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my child's participation; and,
3. I myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives, and next of kin, HEREBY INDEMINFY AND HOLD HARMLESS the Oconee County Board of Commissioners, and all employees or agents of Oconee County, including all individuals who are affiliated with the programs administered by the Parks and Recreation Department of Oconee County ("Releases"), from any and all liabilities incident to my involvement or participation in these programs or transportation to and from activities, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
4. I, for myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives, and next of kin, HEREBY RELEASE THE other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event, WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to my and/or my child's involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
5. I hereby grant consent to any and all first aid responders designated by the Oconee County Parks and Recreation Department to provide me and/or my child any necessary medical care as a result of any injury/illness. This consent includes First Aid and transportation to/from first aid responders.
6. I further understand that health or accident insurance which would cover my or my child's medical, hospital, or related expenses in the event of injury in this activity is my responsibility. I understand the Parks & Recreation Department of Oconee County strongly recommends that if I do not have sufficient insurance to cover such incidents that I should take the necessary action to obtain it.
7. I willingly agree to comply with the program's stated and customary terms and conditions for participation. If I observe any unusual significant concern in my or my child's readiness for participation and/or in the program itself, I will remove myself or my child from the participation and bring such attention of the nearest official immediately; and,
8. I understand that I am bound to abide by the Oconee County Parks & Recreation Department's Code of Conduct. I further understand that these programs are recreational and that if either parent should exhibit continued unsportsmanlike conduct, the child may be removed from the program.
9. I understand that the department may use participant images or videos, and that such may be published in an outlet used to promote or publicize the program or department.
10. In addition, I understand that it is mandatory for a parent of all competitive youth sports participants to complete the Parents Association for Youth Sports (PAYS) training before their child can participate in a youth sports program.

I HAVE READ THIS RELEASE OF LIABILITY, ASSUMPTION OF RISK AGREEMENT AND WAIVER. I FULLY UNDERSTAND ITS TERMS, I UNDERSTAND I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Parent/Guardian Signature _____

Date _____