

CITY OF NEEDLES

Recreation & Parks

1705 J STREET, NEEDLES, CA 92363 (760) 326-2814 • FAX (760) 326-2815 NDLSPKRC@CITLINK.NET

City Manager: Richard Daniels Recreation Manager: Jennifer Valenzuela

Recreation Commission:

Chairman Gabriela Belt Vice Chairman Adrian Chavez Commissioner Jeremy Smith **Commissioner Debra Downey Commissioner Scott Phillips** Commissioner Robbyn Dundon Commissione, Linda Kidd

2017 YOUTH SPORTS RELEASE FORM

Pee Wee Sports: \$35 Residents/\$40 Non- Residents Youth Sports: \$45 Residents/\$50 Non-Residents (Can bring local utility bill for proof of residency) (Please check the sport you are registering your child in)

Youth Volleyball Q3 rd -6 th grade (season runs Oct - Nov) Garade Institute Grade Grade	Jr/Pee Wee Basketball (Ages: 3-5 & 6-7 yr olds) (season runs July – Aug)				Jr/Peewee Soccer (Ages: 3-5 & 6-7 yr olds) (season runs Sept – Oct)		
Name:		th grade) Flag		Nov)	(season runs De	ec – March)	
EMERGENCY CONTACT: Mother's name:	Name:	Ag	e: D.O.			school sport teams)	
Mother's name:	Mail Address:	City:		State: Zi	ip:		
Mother's name:	Home Phone		T-Shirt size				
Father's name:	EMERGENCY CONTACT	:					
Guardian:	Mother's name:		Wk. Phone _		Cell Phone		
RELEASE AND HOLD HARMLESS I hereby waive, release and discharge any and all claims for damages for personal injury, death or property damage which my son/daughter may have, as a result of participation in the Recreation Sports Programs. This release is intended to discharge in advance the City of Needles Recreation Department (its officers, employees, and agents), from any and all liability arising out of, or connected in any way with participation in said activity. It is understood that this activity involves an element of risk and danger of accidents, and knowing those risks I hereby assume those risks. I agree to indemnify and to hold the above persons or entities free and harmless from any loss, liability, damage, cost, or expense which they may incur as the result of the death or injury of my son/daughter; or property damage that he/she may sustain while participating in said activity. I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER AND REALEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE CITY OF NEEDLES RECREATION DEPARTMENT AND SIGN IT OF MY OWN FREE WILL. THIS ALSO CERTIFIES THAT IN MY ABSENCE, I AUTHORIZE AND INSTRUCT A REPRESENTATIVE OF THE NEEDLES RECREATION STAFF, TO TAKE MY SON/DAUGHTER TO THE NEAREST MEDICAL FACILITY AND OBTAIN MEDICAL SERVICES FROM A STATE-LICENSED MEDICAL CARE PRACTIONER. Signature of Parent/Guardian: Date: Dat	Father's name:		Wk. Phone _		Cell Phone		
Allergies, please explain: RELEASE AND HOLD HARMLESS I hereby waive, release and discharge any and all claims for damages for personal injury, death or property damage which my son/daughter may have, as a result of participation in the Recreation Sports Programs. This release is intended to discharge in advance the City of Needles Recreation Department (its officers, employees, and agents), from any and all liability arising out of, or connected in any way with participation in said activity. It is understood that this activity involves an element of risk and danger of accidents, and knowing those risks I hereby assume those risks. I agree to indemnify and to hold the above persons or entities free and harmless from any loss, liability, damage, cost, or expense which they may incur as the result of the death or injury of my son/daughter; or property damage that he/she may sustain while participating in said activity. I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER AND REALEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE CITY OF NEEDLES RECREATION DEPARTMENT AND SIGN IT OF MY OWN FREE WILL. THIS ALSO CERTIFIES THAT IN MY ABSENCE, I AUTHORIZE AND INSTRUCT A REPRESENTATIVE OF THE NEEDLES RECREATION STAFF, TO TAKE MY SON/DAUGHTER TO THE NEAREST MEDICAL FACILITY AND OBTAIN MEDICAL SERVICES FROM A STATE-LICENSED MEDICAL CARE PRACTIONER. Signature of Parent/Guardian: Date: By signing below I acknowledge that I have read, understand and have been given a copy of the Code of Ethics see attached) and will abide by the Code of Ethics set in place by the City of Needles Youth Sports Handbook. Signature of Parent/Guardian: Date: Date	Guardian:		Wk. Phone _		Cell Phone		
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