



Village of Spring Grove Recreation

2023 Little Dribblers

Registration Form

Player's Name _____ Grade _____ Gender _____

Parents Names _____

Mom Cell _____ Dad Cell _____

Address _____

Email _____

Emergency Contact Name Other Than Parents _____

Emergency Contact Cell Phone _____

Child's Allergies/Health Concerns _____

Other Concerns _____

In the event of an emergency, if I cannot be reached and with the judgment of the recreation staff members, hospital attention is necessary, I authorize recreation program staff members to call the Rescue Squad to take my child to an available hospital or physician. In addition, I have carefully read and fully understand the Waiver, Release, and Hold Harmless Agreement on the back of this form and understand a participant's signature is required. A parent/guardian's signature is required if the participant is under the age of 18.

Parent/Guardian Signature _____ Date _____

If paying by check, make check payable to **Village of Spring Grove**

- Resident** **\$70.00**
- Non-Resident** **\$90.00** *(Non-resident is anyone that does not reside within the corporate limits of the Villages of Spring Grove and Richmond and Burton and Richmond Townships.)*

I would like to Volunteer to help with Little Dribblers Name: _____

My Child has played organized basketball in the past Yes No

-----For Office Use Only-----

Date Paid: _____

Method of Payment:

- Cash
- Check # _____
- Credit

Governmental Entity:

- Spring Grove
- Richmond
- Burton Township
- Richmond Township

Township:

- Burton
- Richmond

WAIVER, RELEASE AND HOLD HARMLESS AGREEMENT

Please read this form carefully and be aware that in signing up and participating in Village of Spring Grove Recreation Department Programs, you will be waiving and releasing all claims for injuries arising out of these programs, that you or the other named participants might sustain. The terms “I”, “me”, and “my” also refer to parents or guardians as well as participants in the programs. In registering for these programs, you are agreeing as follows:

As a participant in these programs, I recognize and acknowledge that there are certain risks of physical injury, and I agree to assume full risk of any injuries, damages or loss which I may sustain as a result of participation in any manner, in any and all activities connected with or associated with such programs. I further recognize and acknowledge that all athletic activities involving strenuous exertion or potential body contact are hazardous recreational activities and involve substantial risks of injury.

I agree to waive and relinquish any and all claims I may have as a result of participating in these programs against the Villages, and any and all other participating servants and employees of the governmental bodies and independent contractors, and any and all other persons and entities, of whatever nature, that might be directly or indirectly liable for any injuries that I might sustain while participating in these programs. (The parties described in the preceding sentence are referred to as “released parties” in the remainder of this agreement.)

I do hereby fully release and discharge the Villages and the other released parties from any and all claims for injuries, damage or loss, which I may have or which may accrue to me on account of my participation in these programs.

I further agree to indemnify, hold harmless and defend the Villages and any and all other released parties, from any and all claims resulting from injuries, damages, losses sustained by anyone, and arising out of or connected with, or in any way associated with my conduct and the activities of these programs.

I further understand and agree that the terms such as “participation”, “programs” and “activities”, referred to in this Agreement, include all exercises and physical movements of any nature while I am participating in these programs and further include the provision of or failure to provide proper instruction or supervision, the use and adjustment of any and all machinery, equipment, and apparatus, and anything related to my use of the services, facilities, or premises involved in these programs, and transportation to and from any events. I understand the nature of these programs for which I am registering, and have read and fully understand this Waiver, Release, and Hold Harmless Agreement. I further understand that any advertisements or warning of the particular risk of these programs that I subsequently receive will be introduced by reference into and become part of this agreement.



Village of Spring Grove Recreation 2023 Youth Basketball Registration Form

Player's Name _____ Grade _____ Gender _____

Parents Names _____

Mom Cell _____ Dad Cell _____

Address _____

Email _____

Emergency Contact Name Other Than Parents _____

Emergency Contact Cell Phone _____

Child's Allergies/Health Concerns _____

Other Concerns _____

In the event of an emergency, if I cannot be reached and with the judgment of the recreation staff members, hospital attention is necessary, I authorize recreation program staff members to call the Rescue Squad to take my child to an available hospital or physician. In addition, I have carefully read and fully understand the Waiver, Release, and Hold Harmless Agreement on the back of this form and understand a participant's signature is required. A parent/guardian's signature is required if the participant is under the age of 18.

Parent/Guardian Signature _____ Date _____

If paying by check, make check payable to **Village of Spring Grove**

- Resident** **\$100.00**
- Non-Resident** **\$120.00** *(Non-resident is anyone that does not reside within the corporate limits of the Villages of Spring Grove and Richmond and Burton and Richmond Townships.)*

I would like to Coach Youth Basketball Name: _____
(Coaches background check must be signed)

My Child has played organized basketball in the past Yes No

-----For Office Use Only-----

Date Paid: _____

Method of Payment:

- Cash
- Check # _____
- Credit

Governmental Entity:

- Spring Grove
- Richmond
- Burton Township
- Richmond Township

Township:

- Burton
- Richmond

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I agree to waive and relinquish any and all claims I may have as a result of participating in these programs against the Villages, and any and all other participating servants and employees of the governmental bodies and independent contractors, and any and all other persons and entities, of whatever nature, that might be directly or indirectly liable for any injuries that I might sustain while participating in these programs. (The parties described in the preceding sentence are referred to as “released parties” in the remainder of this agreement.)

I do hereby fully release and discharge the Villages and the other released parties from any and all claims for injuries, damage or loss, which I may have or which may accrue to me on account of my participation in these programs.

I further agree to indemnify, hold harmless and defend the Villages and any and all other released parties, from any and all claims resulting from injuries, damages, losses sustained by anyone, and arising out of or connected with, or in any way associated with my conduct and the activities of these programs.

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