

# MANAGER INFORMATION

Print Name: \_\_\_\_\_ Is manager also a player? ☐ Yes ☐ No D.O.B. \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Liability Release Option (select one; see below): ☐ A ☐ B Agree to Use of Images? ☐ Yes ☐ No

Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TEAM INFORMATION** Team Name: \_\_\_\_\_

Select One: ☐ Basketball ☐ Kickball ☐ Sand Volleyball ☐ Volleyball ☐ Pickleball ☐ Softball

☐ Fall SB ☐ Suppl. Bat Leag. Is this a COED team? ☐ Yes ☐ No Night of Play: \_\_\_\_\_

Has this team played under any other name? List names: \_\_\_\_\_

Team requests: \_\_\_\_\_

Team Sponsor: \_\_\_\_\_ Amount: \_\_\_\_\_ ☐ Cash ☐ CC ☐ Check # \_\_\_\_\_

## RELEASE OF LIABILITY

The undersigned acknowledges that participation is not related to, arising from, or incidental to employment with the City for any purpose, and further hereby agrees(s) to indemnify, defend and hold harmless the City of Racine, its departments, elected officials, officers, agents, employees and volunteers for any costs (without limit), damages, expenses or liability for personal injuries, bodily injuries, death, property damage or theft of personal belongings sustained by the undersigned: **1)** arising out of the undersigned's participation in the team sport activities; **2)** arising out of the acts or omissions of third parties; **3)** arising out of the acts or omissions of City of Racine; and **4)** without regard to whose negligence caused the costs, damages, expenses or liability.

It is understood that the undersigned may be exposed to: **1)** adverse weather conditions and is solely responsible for appropriate clothing; **2)** regulation and non-regulation balls and equipment or devices that may be hazardous when handled by careless or inexperienced persons; **3)** competitive/aggressive players and body contact between players that may or may not be within the rules of the sport; **4)** moving balls, equipment and devices resulting in eye injuries, facial injuries, bruises, broken bones, muscular sprains and strains, and stress to the nervous system, skeletal system and respiratory system; and **5)** name calling and abuse from fans/spectators, other players and coaches; and **6)** facilities, vehicles, equipment and devices that are subject to "wear and tear" malfunctions or design problems.

It is further understood that this sport is not monitored or controlled by professionals; balls, equipment and devices used in this sport or objects thrown by spectators may cause injuries to participants; and some activities carry inherent risk of bodily injuries, death or property damage. I acknowledge that it is recommended that I consult a healthcare professional before starting this, or any, sports program. Participation in this sport or any activity is at the undersigned's own risk.

My concerns, conflicts or disagreements with the terms of this Release have been addressed to the Director of the Parks Dept. before signing this Release. No terms or conditions are applicable that do not appear on this form.

**I have read this release and waiver of liability, fully understanding its terms, and understand that I have given up substantial rights by signing it. I realize I am not required to sign the Release. I freely choose either Option A or Option B:**

- A. Pay an extra \$500, and not sign the Release**  
**B. Pay nothing extra, and sign the Release of my own free will**

## USE OF IMAGES & LIKENESS

**The undersigned, an adult resident of the State of Wisconsin, hereby agrees that the City of Racine, its departments, officers, agents, and employees may take and use photographs of myself, or my minor children, during my visits to a Parks Department facility.**

I hereby acknowledge that the City will use any and all photographs for promotional purposes, and that I shall not receive any monetary compensation or other consideration in exchange for the use of said photographs. Further, I acknowledge that all photographs are the property of the City of Racine.

# PLAYER INFORMATION

See section to the left for information about Liability Release Options and Use of Images Agreement

Print Name: _____	D.O.B: _____
Email Address: _____	Phone: _____
Liability Release Option (select one): <input type="checkbox"/> A <input type="checkbox"/> B Agree to Use of Images? <input type="checkbox"/> Yes <input type="checkbox"/> No	Player Signature: _____ Date: _____
Print Name: _____	D.O.B: _____
Email Address: _____	Phone: _____
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Registration accepted at:  
 PRCS Office (262) 636-9131  
 800 Center Street, Room 127, Racine WI 53404  
 Or can be emailed to prcs@cityofracine.org  
 Monday-Friday 8:00 a.m. - 4:30 p.m.



## STAFF ONLY

Initials: \_\_\_\_\_ HH#: \_\_\_\_\_ Cash \$ \_\_\_\_\_ Check # \_\_\_\_\_ Name: \_\_\_\_\_ \$ \_\_\_\_\_

# Players: \_\_\_\_\_ Rcp #: \_\_\_\_\_ CC \$ \_\_\_\_\_ Check # \_\_\_\_\_ Name: \_\_\_\_\_ \$ \_\_\_\_\_

PLAYER INFORMATION

See section on the front for information about Liability Release Options and Use of Images Agreement

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