

Georgetown Divide Recreation District

Registration Form

Participant or legal guardian must complete the form in its entirety prior to the first class meeting. Make checks payable to the "GDRD" and submit form with payment to: **GDRD, PO Box 274, Pilot Hill, CA 95664**

Adult/Parent/Guardian _____ Date of Birth _____

Residential Address _____ City _____ Zip _____

Mailing Address: _____ E-Mail _____

Phone (Home): _____ Work: _____ Cell: _____

Emergency Contact: Name _____ Relationship _____ Phone _____

Participant's Full Name	Date of Birth	Class or Activity	Additional Jersey Fee	Fee

Payment: Check (Payable to GDRD) Visa MasterCard Card

_____ Exp. Date: _____ Security Code _____

NOTE: Class confirmation notices will NOT BE SENT. Consider yourself registered unless otherwise notified.

Additional forms can be found at www.gdrd.org

Release & Indemnity

In consideration for being permitted by the above named district to participate in the above activity, I hereby waive, release, and discharge any and all claims for damages for personal injury, death, or property damage which I may have, or which may hereafter accrue to me, as a result of participation in said activity. This release is intended to discharge in advance the above named district (its officers, employees, and agents) from any and all liability arising out of or connected in any way with my participation in said activity, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above. It is understood this activity involves an element of risk and danger of accidents and knowing those risks, I hereby assume those risks. It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. I agree to indemnify and to hold the above person or entities free and harmless from any loss, liability, damage, cost, or expense which they may incur as the result of my death or any injury or property damage that I may sustain while participating in said activity.

PARENTAL CONSENT: (to be completed and signed by parent/guardian if applicant is under 18 years of age) I hereby consent that my son/daughter named above participate in the above activity, and I hereby execute the above Agreement, Waiver, and Release on his/her behalf. I state that said minor is physically able to participate in said activity. I hereby agree to indemnify and hold the persons and entities mentioned above free and harmless from any loss, liability, damage, cost, or expense which they may incur as a result of the death or any injury or property damage that said minor may sustain while participating in said activity.

I have carefully read the above release and indemnity agreement and fully understand its contents. I am aware that this is a release of liability and agreement to indemnify the GDRD and I sign it of my own free will.

Signature (if under 18, Parent or Guardian) _____ Date _____

Name (Print) _____

*******For Youth Basketball League Only*******

Will you coach? Yes No Coaches Name: _____

NOTE: It is mandatory for all volunteers/instructors with supervisory authority over a minor to be finger printed.

Please contact the GDRD office, 823-9090 or 333-4000 for more information.

Child's Name	Grade	School	Height	Shirt Size	Sex: M/F

Shirt sizes: YL (14-16), AS (34-36) AM (38-40), AL (42-44), AXL (46-48)