



# Rocky Mount Parks & Recreation Department

2016 - 2017 Youth Winter Sports Registration

**REGISTRATION DEADLINE: November 18, 2016**

## PARKS & RECREATION

Visit our website to register on-line or print forms at: [www.rockymountnc.gov/parks](http://www.rockymountnc.gov/parks)  
 Athletics Office: 252-972-1160 Fax: 252-972-1685

It is the policy of the City of Rocky Mount not to discriminate on basis of race, sex, national origin, disability, age, creed, color or religion.

The Athletics Office reserves the right to combine age divisions and genders when appropriate and necessary.

**MISSION STATEMENT:**

To advance the quality of life by providing positive, inclusive experiences through people, parks and programs.

Participant's Name \_\_\_\_\_ M \_\_\_ F \_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_  
As shown on birth certificate (month, day, year)

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Primary Phone# \_\_\_\_\_ Mother's Name \_\_\_\_\_ Mother's Cell \_\_\_\_\_

Email \_\_\_\_\_ Father's Name \_\_\_\_\_ Father's Cell # \_\_\_\_\_

Special Needs:(optional) \_\_\_\_\_ **SHIRT SIZE:** Youth \_\_\_\_\_ Adult \_\_\_\_\_

### YOUTH BASKETBALL

**Tiny Tots Basketball**   
 Ages: 3-4 (MUST be 3 by 12/31/16)

**Youth Basketball**   
 \* Ages: 5-13

**Girls Basketball**   
 \* Ages: 9-10

**Winter Cheerleading**   
 \* Ages: 5-12

\* **Determine Age as of March 1, 2017**

City Resident Fee	\$ 36.00
Non City Resident Fee	54.00
Accident Ins. (Optional)	+ 6.00

**VOLUNTEER COACHES NEEDED !**

Check box above

Visit our website for details:  
[www.rockymountnc.gov/parks](http://www.rockymountnc.gov/parks)

**Please mail entry fee and form to:**

CITY OF ROCKY MOUNT  
 Lynn Driver,  
 Parks & Recreation  
 Athletics Supervisor  
 PO Box 1180  
 Rocky Mount, NC  
 27802-1180

### YOUTH INDOOR SOCCER

**U6 Co-Ed League**   
 Ages: 4-5 (As of 8/1/16)

**U8 Co-Ed League**   
 Ages: 6-7 (As of 8/1/16)

**U10 Co-Ed League**   
 Ages: 8-9 (As of 8/1/16)

**U12 Co-Ed League**   
 Ages: 10-11 (As of 8/1/16)

**U15 Co-Ed League**   
 Ages: 12-14 (As of 8/1/16)

City Resident Fee	\$ 36.00
Non City Resident Fee	54.00
Accident Ins. (Optional)	+ 6.00

### REFUND POLICY

100% refund/credit/transfer if Department cancels program or facility rental. 85% refund if participant requests 5 days in advance of program start date or two weeks prior to rental date. 100% fee transfer to another P&R program at time of withdrawal. Refunds for medical reasons requested prior to program start date and/or rental and subject to verification granted 100%. NO REFUND if participant's request falls within 5 days of program start date or within two weeks prior to rental date.

### REGISTRATION REQUIREMENT

A copy of child's Birth Certificate **MUST** accompany entry form for **first time participants**.

**TOTAL AMOUNT PAID \$ \_\_\_\_\_**

(Please Check Appropriate Program Box)

**Payment Options: Money Order / Credit Card / Check**

Receipt # \_\_\_\_\_ Check # \_\_\_\_\_

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_ 3-digit Code \_\_\_\_\_  
 (For Credit Card Payment ONLY)

Make checks and M/O payable to: **CITY OF ROCKY MOUNT**

## **NO CASH ACCEPTED !**

**CITY OF ROCKY MOUNT RELEASE, INDEMNITY, ACKNOWLEDGEMENT AND ASSUMPTION OF RISK**

IN CONSIDERATION of my participation in the 2016-2017 Youth Basketball / Winter Cheerleading / Youth Futsal (the "Activity") sponsored by the City of Rocky Mount, I, for myself, my heirs, executors, administrators, personal or legal representatives, successors and assigns, hereby agree to:

(i) RELEASE, WAIVE, FOREVER DISCHARGE and COVENANT NOT TO SUE the City of Rocky Mount, its elected officials, officers, employees, and agents (collectively the "City") from any and all claims, losses, damages, or liability (present and future), on account of injury to my person or property, including injury resulting in my death, arising out of, or in any way connected with, my participation in the Activity, including, without limitation, to the extent permitted by law, any claim, loss, liability, or damage related (directly or indirectly) to acts or omissions (negligent or otherwise) of the City; and

(ii) INDEMNIFY, DEFEND and HOLD HARMLESS the City from and against any and all claims, losses, liability, and damages (present and future) and all costs, charges, and fees (including reasonable attorneys fees) related thereto, arising out of, or in any way connected with my participation (or the participation of the minor identified below) in the Activity or connected with the participation of anyone participating in the Activity under my auspices or with my implied or express consent, including, without limitation, to the extent permitted by law, any claim, loss, liability, or damage related (directly or indirectly) to acts or omissions (negligent or otherwise) of the City.

I understand that participation in the Activity involves the risk of injury or death, and by executing this Release, Indemnity, Acknowledgement and Assumption of Risk (this "Release"), I acknowledge and assume all risk of injury or death resulting from participation in the Activity.

I further agree that if any term or provision of this Release, or the application thereof, to any person or circumstance shall, to any extent, be deemed invalid or unenforceable, the remainder of this Release, or the application of such term or provision, to person or circumstances other than those to which it is held invalid or unenforceable, shall not be affected thereby, and each term and provision of this Release shall be valid and enforceable to the fullest extent permitted by law.

I have carefully read this Release and have executed the same voluntarily adopting the word "SEAL" after my name as my seal.

**THIS DOCUMENT RELEASES YOUR RIGHT TO MAKE A CLAIM IF YOU HAVE AN ACCIDENT OR ARE INJURED. DO NOT SIGN IT UNLESS YOU HAVE READ IT AND UNDERSTAND IT FULLY.**

**PHOTO RELEASE STATEMENT**— Pictures or video clips may be taken while participating in City of Rocky Mount Parks & Recreation programs. If you do not concur, please call 252-972-1151.

Signature of Parent/Guardian \_\_\_\_\_ (SEAL) \_\_\_\_\_ Date: \_\_\_\_\_  
 Print Name \_\_\_\_\_