



3v3 Winter Registration Winter 2010-2011

Team Name: _____

Team Division:

- Boys U8 Boys 10U Boys 12U Boys 14U Adult
Girls U8 Girls 10U Girls 12U Girls 14U

*Team Contact/Coach: _____ Phone #: _____

CONTACT EMAIL: _____

All parents must read the following and sign the registration form.

The undersigned represents to the City of Etowah, Tennessee, that this participant does not have any condition that would expose them to any harm or injury by participating in any activities during the program. The participant is aware of risks and hazards incidental to the activities and liability for any injury or harm to the participant while participating in any sporting activities allowed or condoned by the City.

In consideration of the participant being allowed to participate in a city sport activity, the participant does hereby and forever release, acquit, discharge and covenant to hold harmless the City of Etowah, Tennessee, and its employees and volunteers from any and all actions, claims, demands, damages, expenses and compensation, which the undersigned may have or claim to have, on account of, or in any way growing out of the participant(s) participation in any and all of the activities the undersigned may engage in while a participant in a city sport activity.

The undersigned further promises and agrees to repay to the City and any other person or entity released above, any sum of money that the City and any other person or entity released above may hereafter be compelled to pay to or on behalf of the undersigned because of any accident or injury incurred while the undersigned is a participant in such sporting activity.

The undersigned agrees that the participant is not covered by any insurance provided by the City for injury incurred while a participant in a city sport activity and the participant will provide insurance for themselves to cover such contingencies.

Player 1

Name: _____	Phone #: _____
Date of Birth <u> </u> / <u> </u> / <u> </u> .	Age as of 7/1/10: _____
Parent Name _____	Parent Signature: _____

Player 2

Name: _____	Phone #: _____
Date of Birth <u> </u> / <u> </u> / <u> </u> .	Age as of 7/1/10: _____
Parent Name _____	Parent Signature: _____

Player 3

Name: _____	Phone #: _____
Date of Birth <u> </u> / <u> </u> / <u> </u> .	Age as of 7/1/10: _____
Parent Name _____	Parent Signature: _____

Player 4

Name: _____	Phone #: _____
Date of Birth <u> </u> / <u> </u> / <u> </u> .	Age as of 7/1/10: _____
Parent Name _____	Parent Signature: _____

Player 5

Name: _____	Phone #: _____
Date of Birth <u> </u> / <u> </u> / <u> </u> .	Age as of 7/1/10: _____
Parent Name _____	Parent Signature: _____

Player 6

Name: _____	Phone #: _____
Date of Birth <u> </u> / <u> </u> / <u> </u> .	Age as of 7/1/10: _____
Parent Name _____	Parent Signature: _____

*All coaches in the youth divisions must complete a Volunteer Coaches Application and pass a background check prior to the season beginning.
 Return Completed Registration and Payment to Etowah Parks & Recreation 723 Ohio Ave Etowah TN 37331 no later than November 1 2010
 Make checks payable to The City of Etowah