



CITY OF NEEDLES

Recreation & Parks

1705 J STREET, NEEDLES, CA 92363
(760) 326-2814 • FAX (760) 326-2815
NDLSPKRC@CITLINK.NET

City Manager: Richard Daniels
Recreation Manager: Jennifer Valenzuela
Recreation Commission:
Chairman Gabriela Belt
Vice Chairman Adrian Chavez
Commissioner Jeremy Smith
Commissioner Debra Downey
Commissioner Scott Phillips
Commissioner Robbyn Dundon
Commissioner Linda Kidd

2017 YOUTH SPORTS RELEASE FORM

Pee Wee Sports: \$35 Residents/ \$40 Non- Residents
Youth Sports: \$45 Residents/\$50 Non-Residents
(Can bring local utility bill for proof of residency)
(Please check the sport you are registering your child in)

Jr/Pee Wee Basketball _____ (Ages: 3-5 & 6-7 yr olds)
(season runs July – Aug)

Jr/Peewee Soccer _____ (Ages: 3-5 & 6-7 yr olds)
(season runs Sept – Oct)

Youth Volleyball _____ (3rd -6th grade)
(season runs Sept – Nov)

Flag Football _____ (2nd -5th grade)
(season runs Oct – Nov)

Youth Basketball _____ (3rd-6th grade)
(season runs Dec – March)

(6th grade if not currently on school sport teams)

Name: _____ Age: _____ D.O.B. _____ Grade _____

Mail Address: _____ City: _____ State: _____ Zip: _____

Home Phone _____

T-Shirt size _____

EMERGENCY CONTACT:

Mother's name: _____ Wk. Phone _____ Cell Phone _____

Father's name: _____ Wk. Phone _____ Cell Phone _____

Guardian: _____ Wk. Phone _____ Cell Phone _____

If the participant has any physical or medical problems or is required to take any medication or has any Allergies, please explain:

RELEASE AND HOLD HARMLESS

I hereby waive, release and discharge any and all claims for damages for personal injury, death or property damage which my son/daughter may have, as a result of participation in the **Recreation Sports Programs**. This release is intended to discharge in advance the City of Needles Recreation Department (its officers, employees, and agents), from any and all liability arising out of, or connected in any way with participation in said activity. It is understood that this activity involves an element of risk and danger of accidents, and knowing those risks I hereby assume those risks. I agree to indemnify and to hold the above persons or entities free and harmless from any loss, liability, damage, cost, or expense which they may incur as the result of the death or injury of my son/daughter; or property damage that he/she may sustain while participating in said activity.

I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER AND REALEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE CITY OF NEEDLES RECREATION DEPARTMENT AND SIGN IT OF MY OWN FREE WILL.

THIS ALSO CERTIFIES THAT IN MY ABSENCE, I AUTHORIZE AND INSTRUCT A REPRESENTATIVE OF THE NEEDLES RECREATION STAFF, TO TAKE MY SON/DAUGHTER TO THE NEAREST MEDICAL FACILITY AND OBTAIN MEDICAL SERVICES FROM A STATE-LICENSED MEDICAL CARE PRACTIONER.

Signature of Parent/Guardian: _____ **Date:** _____

By signing below I acknowledge that I have read, understand and have been given a copy of the Code of Ethics (see attached) and will abide by the Code of Ethics set in place by the City of Needles Youth Sports Handbook.

Signature of Parent/Guardian: _____ **Date:** _____

Date Paid:	Ck. #	Cash	Receipt #	Sport:
Date Paid:	Ck. #	Cash	Receipt #	Sport: