



Calhoun County Parks & Recreation

ADULT BASKETBALL REGISTRATION PACKET – WINTER 2015-16

PHILOSOPHY

The Adult Basketball program is a fun, engaging program for adults designed to develop rewarding, inspiring values for everyone who participates.

Calhoun County Parks and Recreation provides this sport activity for those who enjoy basketball and are interested in participating on an organized level. This is a recreation program and good sportsmanship is expected from those who participate.

PROGRAM INFORMATION

| | |
|-----------------------------------|--|
| Men Ages: | 18 Years Old & Above |
| Registration Fee: | \$25 per participant |
| Program Start & End: | January 10 th – February 28 th |
| Program Day(s) & Time: | Sunday, 2:00pm to 7:00pm |
| Location: | John Ford Gymnasium |

All participants must sign and return the Calhoun County Parks and Recreation Behavior Contract and Waiver & Release of All Claims Agreement before the start of the program.

CONTACT INFORMATION

Donald Benjamin
Calhoun County Concern Citizens Group
Director
803.920.9347

REGISTRATION INFORMATION

If registration fee is paid with check or money order, please make checks payable to Calhoun County.

The payment can be delivered with application to the following:

Concern Citizens Group Director or

Parks & Recreation Office at: 304 Agnes St. Rm103, St. Matthews SC 29135 or

mailed to 102 Courthouse Dr. St. Matthews SC 29135



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TEAM INFORMATION

(To be completed by the Team Coach/Captain)

Please type or print legibly. This form will give us important information about your team and will be used to help determine team placement. We cannot guarantee your requests, but we will use it to help with scheduling. This form must accompany roster.

Team Name: _____ Team Coach/Captain: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Additional Phone: _____

E-Mail Address: _____

The Calhoun County Parks and Recreation Department is committed to conducting its recreation services in the safest manner possible and holds the safety of participants in the highest possible regard. Participants and parents, registering their child in recreation services, must recognize; however, that there is an inherent risk of injury when choosing to participate in recreational activities. The Calhoun County Parks and Recreation Department continually strives to reduce such risks and insists that all participants follow safety rules and instructions that have been designed to protect the participant's safety. Please recognize the Calhoun County Parks and Recreation Department does not carry medical accident insurance for injuries sustained in its programs. The cost of such would make service fees prohibitive. Therefore, each person registering themselves or a family member for a recreation service should review their own health insurance policy for coverage. It must be noted that the absence of health insurance coverage does not make the Calhoun County Parks and Recreation Department automatically responsible for the payment of medical expenses.

Due to difficulty and high cost of obtaining liability insurance, the agency providing liability coverage for the Calhoun County Parks and Recreation Department requires the execution of the following Waiver and Release. Your cooperation in filling out the reverse is greatly appreciated.

PARTICIPATION ROSTER FORM

| Player Name | Birth Date | Age | E-Mail Address | Fee |
|---|------------|-----|------------------|-----|
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| <i>Refunds must be submitted 2 weeks prior to the 1st day of program</i> | | | Total Fee | |

SIGNATURE

I have carefully read the Insurance Liability waiver on this form and understand that my signature is required below in order for myself or my child/ren to participate in the Calhoun County Parks and Recreation Department services.

Signature of Participant, Parent or Guardian _____ Date: _____



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PLAYER INFORMATION

Please type or print legibly. This form will give us important information about you and will be used to help determine team placement.

Last Name: _____ First Name: _____
 Home Address: _____ City: _____ State: _____ Zip: _____
 Phone Number: _____ Additional Phone: _____
 E-Mail Address: _____ Work Phone: _____

| Player Name | Birth Date | Age | Program Name | Fee |
|---|------------|-----|--------------|-------------------|
| | | | | |
| <i>Refunds must be submitted 2 weeks prior to the 1st day of program</i> | | | | Total Fees |

PERSONS WITH SPECIAL NEEDS: The Calhoun County Parks and Recreation Department makes reasonable accommodations for persons with special needs to participate. Please specify any adaptive equipment, personnel or other accommodations you need to participate in a program for which you have registered.

Calhoun County Parks and Recreation Department Waiver and Release of All Claims

The Calhoun County Parks and Recreation Department is committed to conducting its recreation services in the safest manner possible and holds the safety of participants in the highest possible regard. Participants and parents, registering their child in recreation services, must recognize; however, that there is an inherent risk of injury when choosing to participate in recreational activities. You are solely responsible for determining if you or your minor child/ren are physically fit and /or adequately skilled for recreational activities. It is always advisable, especially if the participant is pregnant, disable in any way or recently suffered an illness or impairment to consult a physician before undertaking any physical activity.

WARNING OF RISK: Recreational activities are intended to challenge and engage the physical, mental and emotional resources of each participant. Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury when participating in any recreational activity. Depending on the particular activity, certain risks and dangers may exist due to inclement weather, slips and falls, poor skill level or conditioning, carelessness, horseplay, unsportsmanlike conduct, lack of safety equipment, inadequate of defective equipment, failure in supervision and instruction or officiating, and premises defects. It is impossible for the Calhoun County Parks and Recreation Department to guarantee absolute safety.

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK: Please read this form carefully and be aware that in signing up and participating in the Service(s), you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ren might sustain as a result of participating in any and all services connected with and associated with the programs/activities including transportation services, when provided. I recognize and acknowledge that there are certain risks of physical injury to participants in the programs/activities, and I voluntarily agree to assume the full risk of any injuries, damages or loss regardless of severity that I and/or my minor child/ren may sustain as a result of participating in any and all services connected with or associated with the programs/activities. I further agree to waive and relinquish all claims I or my minor child/ren may have or accrue to me or my child/ren as a result of participating in this program/activity against the Calhoun County Parks and Recreation Department, including its officials, agents, volunteers, and employees (hereinafter collectively referred as "Parties"). I do hereby fully release and forever discharge the Parties from any and all claims for injuries, damages or loss that my minor child/ren or I may have or which may accrue to me or my minor child/ren and arising out of, connected with, or in any way associated with the programs/activities. I have read and fully understand the above important information, warning of risk, assumption of risk, and waiver and release of all claims. If registering on-line or via fax, my on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature. I understand that my child/ren or I may be photographed or videotaped while participating in a Calhoun County Parks and Recreation service. I give permission for photos and video images of my child/ren or me to be used to promote the Calhoun County Parks and Recreation Department recreation services. Such photos and video images remain the property of the Calhoun County Parks and Recreation Department. **PARTICIPATION WILL BE DENIED** if the signature of adult participant or parent/guardian and date are not on this waiver. Photo/Video Disclaimer: All participants permit the taking of photos and/or video of themselves and their children during Calhoun County Parks and Recreation Department services and facilities for publication and use as the Calhoun County Parks and Recreation Department deems necessary in marketing materials. If you and your child do not wish to be photographed or videotaped, a written objection must be filed with the Calhoun County Parks and Recreation Department.

SIGNATURE

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Signature of Participant, Parent or Guardian _____ Date: _____