



# City of Brentwood Registration Form

Please Note: Most Youth Sports registrations will require a shirt size. Class registrations DO NOT.

## Adult Responsible for the Account

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

(Required for fax or mail-in registration confirmation)

Emergency Contact Name: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_

How did you first hear about our classes, leagues, and/or programs:  Activities Guide  Website  Friend/Family  Newspaper

Other (please specify): \_\_\_\_\_

Participant's Name	M/F	DOB	Activity Name	Class # (1 <sup>st</sup> Choice)	Shirt Size	Class # (2 <sup>nd</sup> Choice)	Shirt Size	Fee
<b>Total</b>								_____

Uniform Size Guide			
Shirt Size (Certain Sample sizes available in Parks & Recreation Office):			
Biddy: YXS (2/4)	YS (6/8)	YM (10/12)	YL (14/16)
Youth: YS (6/8)	YM (10/12)	YL (14/16)	
Adult: AS (34/36)	AM (38/40)	AL (42/44)	AXL (46/48)

Volunteer Coaches Needed
Volunteer coaches are always in demand. Be a big part of your child's life; be a volunteer coach. Sign below and the Recreation Department/Biddy Sports Program will contact you with more information.
<b>Name:</b> _____
<b>Phone:</b> _____ <b>Coach Shirt Size:</b> _____

### Method of Payment:

Check/Money Order (Make Payable to **City of Brentwood**, 35 Oak Street, Brentwood, CA 94513)

Cash

### Liability, Medical Consent, and other Terms of Participation

Indemnification. The Participant (or parent/guardian on behalf of participant) hereby voluntarily agrees to indemnify, defend, and hold harmless the City of Brentwood (City) and the Brentwood Union School District and Liberty Union High School District (Districts) and their officials, officers, employees, agents, and volunteers from any liability for property damage, injuries, or death resulting from or in any way connected with participation in the program. The Authorized Representatives and Participant do forever release and hold harmless the City and the Districts from all claims or rights of action for damage which Participant may incur as a consequence of the use of the Facility. This waiver and release is applicable except to the extent caused by the City's active negligence or willful misconduct.

**Medical Consent.** Participant hereby agrees to allow the City staff to consent to medical, surgical and dental examination, and to any treatment medical personnel deem necessary. It is understood that no health or accident insurance is provided by the City or the Districts. It is further understood that this Contract is binding on my heirs and assigns.

**Equipment.** I agree to return equipment issued to me in as good condition as when received, except for normal wear and tear.

**Photo/Video Release.** Authorized Representatives and Participant hereby agree that pictures or videos taken during the Facility rental may be used for future promotional purposes.

**Acceptance.** Either my signature below or the payment of fees and participation constitute acceptance of the conditions set forth above.

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Minor: \_\_\_\_\_ Check all that apply:  Participant  Parent  Legal Guardian