



Platteville Recreation

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SPORTS/ACTIVITY REGISTRATION FORM

For all schedules, maps, rules and regulations, visit www.quickscores.com/NVAA.

Please Print

Participant Name _____ Gender **F** **M**
Last First MI

Activity/Sport _____ D.O.B. ____/____/____ Age _____ Grade _____

Parent/Guardian Name _____ Relationship _____
Last First

Physical Address _____
Street City State ZIP

Mailing Address (if different) _____
P.O. Box City State ZIP

Phone _____ Email _____

T-Shirt Size: (Circle One)

Youth S M L

Adult S M L XL

Other _____

Please Note: All jerseys will be turned in at the end of the season

In Case of Emergency Contact: (Different than Above)

Contact 1

Name _____ Relationship _____
 Phone _____
Cell Work Home

Contact 2

Name _____ Relationship _____
 Phone _____
Cell Work Home

Does the Participant have current insurance? Yes No If yes, current insurance provider _____

Pre-existing Medical Conditions (Allergies, Asthma, etc...) _____

I, _____ intend to enroll in the following activity sponsored by the Town of Platteville and
 scheduled to take place during the time period indicated:

Activity/Sport _____ **Dates of Participation** Fall Winter Spring Summer _____
Year

I, _____ understand the hazards, perils and potential injuries that may result from my child's participation in the above activity/event. I understand that all such activities pose the possibility of injury; and although remote- there is even a statistical possibility of permanent paralysis or death. I have been given the chance to ask questions of appropriate town personnel and volunteers concerning such risks and hazards, and acknowledge that any such questions have been satisfactorily answered. Having received sufficient information to make an informed decision, I hereby agree to assume all such risks and release the Town, its staff and volunteers from liability resulting therefore. This Waiver and Release of Liability is executed on behalf of me, my child, and my heirs, personal representatives, successors and assigns. **BY SIGNING THIS WAIVER AND RELEASE OF LIABILITY, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD ITS CONTENTS.**

 Signature

 Date