FEE: $200.00
Per Team

Office Use Only

Paid_____

Check# _____

Date of Reg. _____

PROGRAM REGISTRATION & RELEASE FORM

Douglasville Parks & Recreation Department

Hunter Memorial Park

1. REGISTRATION INFORMATION

ALTA Tennis League

League:_____ Day:_____ Team:_____

Participant's Name: _____ Male: _____ Female: _____DOB _____

Age: _____ Years played _____

Address: _____ City/State/Zip: _____

E-Mail_____

Phone#: Hm. (_____)_____ Cell (_____)_____County _____

2. WAVIER

I/We, the above participant(s), and/or spouse, and/or parent(s)/guardian(s) of the above participant, do hereby consent to my/our/his/her participation in the above Program including all activities incidental to the Program. I/We assume all responsibilities for, and risks and hazards of, participation in the named Program, including transportation to and from all activities of the program. Inconsideration of the City of Douglasville conducting the above program, I/We do hereby release the City of Douglasville Parks and Recreation Department and the Program, including all officials, officers, sponsors, organizers, supervisors, volunteers, participants, and all other agents, of any and all claims, demands, rights, and causes of action of whatever kind and nature, arising from and by reason of, and all known and unknown, foreseen and unforeseen, bodily and personal injuries, damage to property, and the consequence thereof, resulting from my/our/his/her participation in the Program and all activities incidental to the Program.

I/We, the above participant(s) and/or spouse, and/or parent(s)/guardian(s) of the above participant, do hereby consent to my/our/his/her picture(s) that are taken by the Douglasville Parks and Recreation being used in media publication for the Parks Department.

Date: _____ Signature: _____

Participant/Spouse/Parent/Guardian

. Is the City of Douglasville your sanitation service provider? Yes ____ No _____