

JCP Basketball League Registration form



Julington Creek 1st Annual Recreation League

1st Meeting is July 2nd, 2010 at 6:30 P.M.

Meeting will be held at the JCP Sportsplex

The League will be 4 on 4 with a minimum of a 6 man roster (2 people as substitutes).

The costs are \$60 a team.

You may register at the JCP Sportsplex.

I understand that Julington Creek Plantation Community Development District (JCPCDD) assumes no responsibility for injuries or illnesses that I (adult) or my child (if applicable) may sustain as a result of my or my child's physical conditioning or resulting from my or my child's participation in any athletic activities, sports program, the use of any equipment, exercise or any other activities of any kind whatsoever. I expressly acknowledge that I assume the risk for any and all injuries and illnesses that may result from my or my child's participation in these activities. In consideration of the privilege of participating in JCPCDD activities or programs, I hereby voluntarily release and discharge JCPCDD, its agents, officers, supervisors, staff and employees from any and all claims for injury, illness, death, loss or damage of any kind whatsoever that I or my child may suffer as a result of participating in these activities. I understand and agree that nothing herein is intended to be or shall be construed as a waiver of the JCPCDD's sovereign immunity or the limitations of liability found in section 768.28, Florida Statutes, or other law.

While JCPCDD will make every attempt to provide reasonable accommodations for mentally and physically challenged children, JCPCDD will not accept children that are (1) of danger of themselves, (2) of danger of others, or (3) a disruption to the normal activities making it unreasonably difficult for other children to enjoy JCPCDD programs. Any of the above reasons will be grounds for dismissal from JCPCDD programs. We strongly recommend that you discuss with JCPCDD staff any special conditions or circumstances involving your child. We request that you do this PRIOR to registration so that we can advise you as to whether we can make reasonable accommodation for your child. I understand that JCPCDD is not responsible for personal property lost or stolen while members and/or program participants are using JCPCDD facilities or on JCPCDD premises.

In the event of an emergency and my emergency contact person cannot be reached, I hereby give my permission to the physician selected by JCPCDD to hospitalize, secure proper treatment for, and to order injections, anesthesia or surgery for the individual named on this application.

I understand that no accident or medical insurance is provided with this activity.

I give permission to JCPCDD to use, without limitation or obligation, photographs, film footage or tape recordings that may include myself or my child's image or voice for purposes of promoting or interpreting JCPCDD programs.

I give permission for my child to be transported by the bus service secured by JCPCDD for related program activities.

Age Division

- 13-17 \$60
 18 + \$60

_____ **Print Player name**

_____ **Team Name**

_____ **Players Signature**

_____ **Player home ph.**

_____ **Player cell ph.**

_____ **Player D.O.B.**

_____ **Player Email Address**

_____ **Parent/Guardian signature**

_____ **Print Parent/ Guardian name**

Players may sign if over the age of 18

Amount Paid: _____ Rec. by: _____ Date: _____ Credit Cash Check #