



Medical Lake Parks & Recreation (509) 565-5007
 Airway Heights Parks & Recreation (509) 244-4845
 Cheney Parks & Recreation (509) 498-9250

MAC ADULT SPORTS TEAM REGISTRATION FORM
 (To be filled out by TEAM CAPTAIN)

CAPTAIN INFORMATION:

First Name _____ Last Name _____
 Mailing Address _____ City _____ State /Zip _____
 Daytime Phone #: _____ Evening #: _____ Cell #: _____
 Email Address _____

LEAGUE INFO:

Sport: _____ Season: Winter Spring Summer Fall Year: _____

(#1) TEAM REGISTRATION (to be completed by TEAM CAPTAIN ONLY)

Please return this application completed in full, with one payment for the full team fee to any of the three Parks & Recreation Departments. Please make your payment to the City which you register with. Your team will not be registered until all paperwork and payment in full is received. REFUND POLICY: Refund requests must be made directly to the City which you registered with. 50% refund will be given for cancellation requests made a minimum of 8 days prior to league start date. NO REFUND will be given less then one week (7days) before the league start date.

Team Name _____

Has your team participated in this league before: ___No ___Yes Year(s) _____

Number of: Males _____ Females _____ Total Players: _____

As a team what is your teams experience level: ___Novice/ Recreational ___Advanced/ Competitive

As team captain I understand that I am responsible for team registration and payment, and to communicate all league information including league policies and Player Code of Conduct to my teammates.

Team Captain Signature _____ Date _____

▶▶ ALL TEAM MEMBERS MUST COMPLETE THE LIABILITY RELEASE SIDE OF THIS FORM: PROVIDE ALL REGISTRATION INFORMATION, READ AND SIGN THE RELEASE OF LIABILITY AND CERTIFY THAT ALL INFORMATION IS ACCURATE.

OFFICIAL USE ONLY

Payment Amount: \$ _____ Receipt # _____ Date: _____

Notes: _____

(#2) RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT FOR ADULT SPORTS PARTICIPATION

This is a release of liability. Read it carefully before signing.

I acknowledge that I voluntarily choose to participate in this Activity which is organized, co-organized, operated or administered by the Cities of Medical Lake, Airway Heights and Cheney (hereinafter referred to as M.A.C.).

I assume all risks and hazards incidental to participating in the Activity and do hereby waive, release, absolve, indemnify and agree to hold harmless M.A.C, their supervisors, participants and instructors for any claim arising out of any personal injury or property damage. I am fully aware of the potential dangers and risks inherent in this Activity, including physical injury, death or other consequences that may arise or result directly or indirectly from participation in this Activity.

I certify that I am of sound mind and at least 18 years of age. I have read this document in its entirety and sign this agreement freely and voluntarily, as an individual and on behalf of my heirs, executors, and agents, and agree to abide by all the provisions set forth in this document.

▶▶ ALL TEAM MEMBERS MUST COMPLETE THIS FORM: PROVIDE ALL REGISTRATION INFORMATION, READ AND SIGN THE RELEASE OF LIABILITY AND CERTIFY THAT ALL INFORMATION IS ACCURATE.

PLEASE PRINT CLEARLY

First Name _____ Last Name _____
____ Male ____ Female Age ____ Phone# _____
Address: _____ City/State _____ Zip: _____
Email Address: _____
Signature of Participant _____ Date _____
~~~~~

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
\_\_\_\_ Male \_\_\_\_ Female Age \_\_\_\_ Phone# \_\_\_\_\_  
Address: \_\_\_\_\_ City/State \_\_\_\_\_ Zip: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_  
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\_\_\_\_ Male \_\_\_\_ Female Age \_\_\_\_ Phone# \_\_\_\_\_  
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Email Address: \_\_\_\_\_  
Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_  
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___ Male ___ Female Age ___ Phone# _____

Address: _____ City/State _____ Zip: _____

Email Address: _____

Signature of Participant _____ Date _____

First Name _____ Last Name _____

___ Male ___ Female Age ___ Phone# _____

Address: _____ City/State _____ Zip: _____

Email Address: _____

Signature of Participant _____ Date _____

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___ Male ___ Female Age ___ Phone# _____

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