

Apple Valley Parks & Rec

Father & Son Basketball Tournament

James Woody Community Center Gym

13467 Navajo Road
Apple Valley, CA 92308

Ages
10-15

Sunday, June 11,
8:00am-1:00 pm

Cost
\$35/ team registration deadline 6/2

For more info:
AVrecreation.org
760-240-7880



**Town of Apple Valley
Parks & Recreation Dept.**
14955 Dale Evans Parkway
Apple Valley, CA 92307
(760) 240-7880

**Dad, bring your son and hoop it up at our 8th Annual
2-on-2 Father and Son Tournament. Teams are
guaranteed a minimum of two games.**

PROGRAM: Father & Son Basketball Tournament

PROGRAM DATE: June 11, 2017

PARTICIPANT NAME _____ FATHER NAME _____

Division: 10-11 12-13 14-15 AGE: _____ BIRTHDATE _____

PARENT/GUARDIAN NAME (PLEASE PRINT) _____

HOME ADDRESS _____ CITY _____ ZIP _____

HOME PHONE _____ WORK PHONE _____

CELL PHONE # 1 _____ CELL PHONE # 2 _____

EMERGENCY CONTACT _____ RELATIONSHIP _____ PHONE _____

**TOWN OF APPLE VALLEY
RECREATION DEPARTMENT**

AGREEMENT AND RELEASE OF LIABILITY

I, the undersigned, understand the following:

I am aware that recreational activities can be hazardous and I am voluntarily participating in these activities with knowledge of the hazard involved and hereby agree to accept any and all risks of injury or death. The Town is not responsible for participant's injuries or damages occurring from "hazardous recreation activities" (CA Government Code 831.7). The Town does not provide participants with medical insurance or treatment for injuries. I agree to hold harmless and release the Town of Apple Valley, its officers, agents and employees from any and all liability arising from or related to my participation in Town of Apple Valley program activities. This release includes, but is not limited to, all liability for death, personal injury or property damage resulting from the active or passive negligence of the Town of Apple Valley or its agents or any defective or hazardous condition of any property or equipment owned, operated or maintained by the Town of Apple Valley. I am responsible for any loss, theft or damage to personal or Town equipment, articles or facilities while using said equipment, articles and/or facilities. I am aware that special interest classes are conducted by independent contractors, not Town personnel.

Parent/guardian Signature _____ Date _____

MEDICAL TREATMENT AUTHORIZATION

In case of emergency, I give permission to the Town of Apple Valley Recreation Department to sign for emergency medical treatment for my child(ren) _____

Until myself, my spouse, or the child's guardian arrives at the medical facility.

SIGNATURE _____ DATE _____

AUTHORIZATION FOR USE OF PHOTOS

I give permission for use of photos taken of my child(ren) during recreation programs and related activities to be used for publicity purposes in brochures, flyers, news releases and other print or broadcast media.

SIGNATURE _____ DATE _____