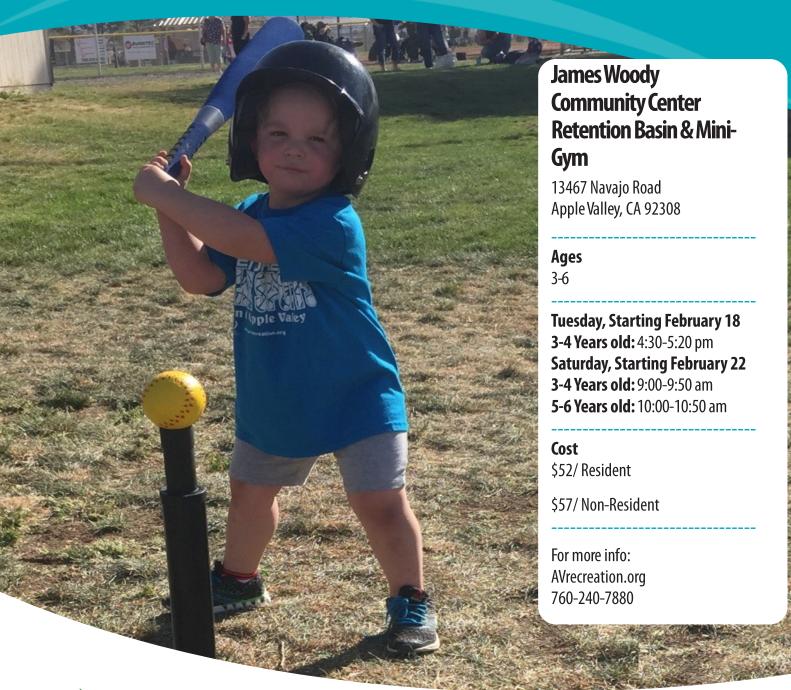
Apple Valley Parks & Rec

Adventures in Pee Wee Sports





AVrecreation.org

Town of Apple Valley Parks & Recreation Dept.14955 Dale Evans Parkway

14955 Dale Evans Parkway Apple Valley, CA 92307 (760) 240-7880

| 🚹 /AVrecreation

This 6 week program will stress the basic skills needed for team sports including soccer, basketball, and T-ball. We emphasize sportsmanship, fair play and safety.

PROGRAM: Adventures In P W Sports Wint	ter/Spring 2020	
Session (circle one) Tues. 3 - 4 yrs.	Sat 3 - 4 yrs.	Sat 5 - 6 yrs.
PARTICIPANT NAME		
BOY/GIRL BIRTI	HDATE	AGE
PARENT/GUARDIAN NAME (PLEASE PRINT)		
HOME ADDRESS	CITY	ZIP
HOME PHONE	WORK PHONE	
CELL PHONE # 1	_ CELL PHONE # 2	
EMAIL ADDRESS		
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 Tow medical treatment for my child (ren) until myself, my spouse, or the child's guardian arr	vn of Apple Valley Recre	eation Department to sign for emergency
SIGNATURE	DATE	
AUTHORIZATION FOR USE OF PHOTOS I give permission for use of photos taken of my chil used for publicity purposes in brochures, flyers, ne	ld (ren) during recreatior ws releases and other p	n programs and related activities to be rint or broadcast media.
SIGNATURE	DATE	