

EDGEWOOD RECREATION MEN'S BASKETBALL – 2013-2014



REGISTRATION FORM

****Please submit this form, along with \$30.00 check or money order, payable to:**

“Edgewood Borough”

and mail to: Edgewood Borough Men's Basketball, 2 Race Street, Pittsburgh, PA 15218**
Pick-up games are played at Edgewood Primary School gym on Thursdays, 7pm, Jan-March 2014.
For further program information, please contact: George Fuller at (412) 247-1472

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip Code _____

Home Telephone _____ Cell _____

Email address _____

RELEASE OF ALL CLAIMS

I/We hereby make an application for the above-named to be enrolled in the programs of Edgewood Borough. In consideration thereof, I/we hereby agree to release, absolve, defend, indemnify and hold harmless the Borough of Edgewood, Edgewood Recreation Board, directors, officers, coaches, sponsors and any affiliated individual, firm, corporation or entity for any and all claims or causes of action on behalf of myself/ourselves and the above-named person including, but not limited to, the following: 1) any injury, risk and hazard incidental to the conduct of activities, including practice, match, ceremonial functions and transportation to and from the activities; 2) any harm or distress which may be sustained incidental to conduct and implementation of the laws of the game as adopted by the Edgewood Recreation Department, including roster changes, disciplinary actions, suspensions and dismissals from the Club; and 3) providing, in the case of injury requiring immediate medical attention, assistance and/or treatment by a physician, surgeon, paramedic, trainer or hospital, as would ordinarily be given to a patient in such condition.

THE RELEASE APPLIES EVEN IF THE ACT(S) OR OMISSION(S) OF THE PERSON(S) OR ENTITY(IES) RELEASED IS/ARE NEGLIGENT.

- ☐ I/We certify that the enrolled above is in good health and may participate in strenuous physical activities, including, but not limited to, basketball.
- ☐ I/We certify that the enrolled above has health insurance coverage.
- ☐ I/We have read the above and understand what I/we am/are signing.

Participant's Name (Please Print) _____

Participant's Signature _____ Date _____

Amount Paid _____ Check Number _____