

# PRCS ADDITIONAL PLAYER

## ADULT REGISTRATION FORM

Must be completely filled out legibly

Team Information		
Team Name: _____		
Manager Name: _____		
Night of Play: _____		
<b>Internal Use Only:</b> HH#: _____ Receipt #: _____		
Initials: _____	<input type="checkbox"/> Cash \$ _____	<input type="checkbox"/> cc \$ _____
# Players: _____	<input type="checkbox"/> Check \$ _____	<input type="checkbox"/> Team Sideline

SPORT	League
Pickleball	<input type="checkbox"/> Men <input type="checkbox"/>
Sand Volleyball	<input type="checkbox"/> Women <input type="checkbox"/>
Volleyball	<input type="checkbox"/> Coed <input type="checkbox"/>
Kickball	<input type="checkbox"/>
Softball	<input type="checkbox"/>
Fall Ball	<input type="checkbox"/>
Supp. Bat Leag	<input type="checkbox"/>

Player Information		
Name: _____ D.O.B: _____ Phone: _____ Address: _____ City: _____ State: _____ Zip: _____ Email: _____ Liability Release Option: <input type="checkbox"/> A <input type="checkbox"/> B Agree to Use of Images? <input type="checkbox"/> Yes <input type="checkbox"/> No Signature: _____		
Internal Use Only: <input type="checkbox"/> Resident <input type="checkbox"/> Non Resident <input type="checkbox"/> Entered into RecTrac		
Name: _____ D.O.B: _____ Phone: _____ Address: _____ City: _____ State: _____ Zip: _____ Email: _____ Liability Release Option: <input type="checkbox"/> A <input type="checkbox"/> B Agree to Use of Images? <input type="checkbox"/> Yes <input type="checkbox"/> No Signature: _____		
Internal Use Only: <input type="checkbox"/> Resident <input type="checkbox"/> Non Resident <input type="checkbox"/> Entered into RecTrac		
Name: _____ D.O.B: _____ Phone: _____ Address: _____ City: _____ State: _____ Zip: _____ Email: _____ Liability Release Option: <input type="checkbox"/> A <input type="checkbox"/> B Agree to Use of Images? <input type="checkbox"/> Yes <input type="checkbox"/> No Signature: _____		
Internal Use Only: <input type="checkbox"/> Resident <input type="checkbox"/> Non Resident <input type="checkbox"/> Entered into RecTrac		
Name: _____ D.O.B: _____ Phone: _____ Address: _____ City: _____ State: _____ Zip: _____ Email: _____ Liability Release Option: <input type="checkbox"/> A <input type="checkbox"/> B Agree to Use of Images? <input type="checkbox"/> Yes <input type="checkbox"/> No Signature: _____		
Internal Use Only: <input type="checkbox"/> Resident <input type="checkbox"/> Non Resident <input type="checkbox"/> Entered into RecTrac		



Registration accepted at:  
 PRCS Office (262) 636-9131  
 800 Center St, Rm 127, Racine WI 53404  
[prcs@cityofracine.org](mailto:prcs@cityofracine.org)

## RELEASE OF LIABILITY

The undersigned acknowledges that participation is not related to, arising from, or incidental to employment with the City for any purpose, and further hereby agree(s) to indemnify, defend and hold harmless the City of Racine, its departments, elected officials, officers, agents, employees and volunteers for any costs (without limit), damages, expenses or liability for personal injuries, bodily injuries, death, property damage or theft of personal belongings sustained by the undersigned: **1)** arising out of the undersigned's participation in the team sport activities; **2)** arising out of the acts or omissions of third-parties; **3)** arising out of the acts or omissions of City of Racine; and **4)** without regard to whose negligence caused the costs, damages, expenses or liability.

It is understood that the undersigned may be exposed to: **1)** adverse weather conditions and is solely responsible for appropriate clothing; **2)** regulation and non-regulation balls and equipment or devices that may be hazardous when handled by careless or inexperienced persons; **3)** competitive/aggressive players and body contact between players that may or may not be within the rules of conduct of the sport; **4)** moving balls, equipment and devices resulting in eye injuries, facial injuries, bruises, broken bones, muscular sprains and strains, and stress to the nervous system, skeletal system, circulatory system and respiratory system; and **5)** name calling and abuse from fans/spectators, other players and coaches; and **6)** facilities, vehicles, equipment and devices that are subject to "wear and tear" malfunctions or design problems.

It is further understood that this sport is not monitored or controlled by professionals; balls, equipment and devices used in this sport or objects thrown by spectators may cause injuries to participants; and some activities carry inherent risk of bodily injuries, death or property damage. I acknowledge that it is recommended that I consult a healthcare professional before starting this, or any, sports program. Participation in this sport or any activity is at the undersigned's own risk.

My concerns, conflicts or disagreements with the terms of this Release have been addressed to the Director of the Parks Dept before signing this Release. No terms or conditions are applicable that do not appear on this form.

*I have read this release and waiver of liability, fully understanding its terms, and understand that I have given up substantial rights by signing it. I realize I am not required to sign the Release. I freely choose either Option A or Option B:*

**A. Pay an extra \$500, and not sign the Release**

**B. Pay nothing extra, and sign the Release of my own free will**

## USE OF IMAGES & LIKENESS

*The undersigned, an adult resident of the State of Wisconsin, hereby agrees that the City of Racine, its departments, officers, agents, and employees may take and use photographs of myself, or my minor children, during my visits to a Parks Department facility.*

I hereby acknowledge that the City will use any and all photographs for promotional purposes, and that I shall not receive any monetary compensation or other consideration in exchange for the use of said photographs. Further, I acknowledge that all photographs are the property of the City of Racine.

