

# County of Kauai, Parks & Recreation

## 2019 WINTER BASKETBALL APPLICATION FORM

NAME OF PARTICIPANT: \_\_\_\_\_

TEAM: \_\_\_\_\_

**ELIGIBILITY:** Any Boy or Girl in 4<sup>th</sup> grade - 8<sup>th</sup> grade. **FEE: \$30.00** Payable to **Team Head Coach**

**ENTRY LIMITATIONS:** Participants can ONLY enter in their designated GRADE group no jumping of divisions

**PLEASE CHECK APPROPRIATE GENDER AND SCHOOL GRADE:**

Boy \_\_\_\_ Girl \_\_\_\_

**DIVISIONS:**

\_\_\_\_ Division 56: 5<sup>th</sup> and 6<sup>th</sup> grade

\_\_\_\_ Division 78: 7<sup>th</sup> and 8<sup>th</sup> grade

**School You Are Attending:** \_\_\_\_\_

### Participant's Media Release

I grant permission to the County of Kaua'i to use photographs and videos taken of my child, for publication in print or electronic documents and to offer the photographs and videos for use or distribution without notifying me for a period of five years from date of signed release. As such, I understand that the use of said photographs and videos will be limited to productions set forth by the County of Kaua'i, Department of Parks & Recreation Programs in the State of Hawai'i. I hereby agree to release and hold harmless the County of Kaua'i from and against any claims, damages or liability from or related to the use of the photographs and videos.

### PARENT'S OR GUARDIAN'S WAIVER OF CLAIM AND INDEMNITY AGREEMENT

For and in consideration of the County's providing the above mentioned program, we, the undersigned, jointly, individually and in any representative or legal capacity, on behalf of our respective selves, heirs, executors and /or administrators, do hereby waive, release, discharge and agree to hold harmless and indemnify the COUNTY OF KAUAI, it's officers, employees and agents, individually and in their capacity, from all liability or loss of any claim for death, injury, or damage to property resulting directly or indirectly from the undersigned participant's participation in the program. We further avow that our aforesaid waiver, release, discharge and agreement shall be applicable to any owner of a facility and/or property at or upon which the program is held.

\_\_\_\_\_  
DATE \_\_\_\_\_  
PRINT NAME OF PARENT OR GUARDIAN

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

PLEASE PRINT

ADDRESS: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

CHILDS BIRTH DATE: \_\_\_\_\_ AGE: \_\_\_\_\_ TEL. No. \_\_\_\_\_ / \_\_\_\_\_  
(Residence) (Business)

IN CASE OF EMERGENCY NOTIFY: \_\_\_\_\_ (Relationship)

FAMILY DOCTOR: \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

If an auxiliary aid or program modification is needed please call Melanie @ 241-4462 ten (10) days prior to start of league.