

American Fork Recreation



REGISTRATION
DEADLINE
MARCH 11

“Ultimate” Registration Form

10th-12th Grade Coed, 7 v 7 League

Team Managers must fill out team roster form

Players registering independent of a team, will only be placed into a team with other independent players if there is a balance of enough Male/Females players to create a complete team(s).

8 game season begins March 23 – Games played on Tues or Thurs

For more detailed information about this program visit afcity.org>Things to Do>Sports & Recreation

Name of Player _____ Girl Boy
(First name) (Last name)

Address _____ **City** _____ **Map#**

School _____ **Grade** _____ **Birthday** / / _____ **Age** _____

Parent/Guardian _____ **Day Phone** _____ **Evening Phone** _____

Email _____

Participant / Team Request

WAIVER FOR PARTICIPANT BY PARENT

In consideration of your accepting my child's participation in the Ultimate frisbee program, I hereby, for myself, my child who is a juvenile, and our heirs, do waive and release any and all rights and claims for damages I or my child have against the City of American Fork or its representatives, for any and all injuries suffered by myself, my child or any member of my family, going to, coming from, or while at any American Fork sponsored ultimate frisbee game, practice, event or related activity for ordinary negligence. I acknowledge that ultimate frisbee is a physically active sport that has some inherent risks to the participants. It is played on a hard and sometimes slippery surface with and against other individuals whose actions cannot always be controlled or predicted. Possible injuries associated with ultimate frisbee include, but are not limited to: leg/arm breaks, wrist/ankle sprains, ligament/cartilage tears, concussions, eye injuries (scratch, gouge or loss), broken nose, loss of teeth, etc. Protective equipment is not provided for the program.

I hereby certify that I have read this waiver and recognize that there are risks involved in the ultimate Frisbee game. As the parent/guardian of _____, I assume those risks. I understand and acknowledge that American Fork does not provide accident and medical insurance for the participants in this program. I further state that I, my child and all members of my family are covered by adequate accident and medical insurance.

Parent's Signature _____

** Office Use Only **	
AF Resident (Must live in American Fork)	Non Resident (Any other cities)
_____ \$35	_____ \$55
_____ \$5 Late fee (after March 11)	
\$ _____ Total	
Emp _____	Date _____
Cash / CC / Check	