

Jefferson County Parks & Rec ** Co-ed Adult ** Pickup Basketball



Wednesdays 7pm-9pm.

Come to the Rec Center Gym (620 Tyler St. Port Townsend) for co-ed adult pickup basketball! Have a blast playing basketball with friends while keeping your skills sharp! Participation waivers are available at the Rec Center or at www.countyrec.com.



- All skill levels welcome to play!
- Drop in fee: \$1 (donations accepted)
- Good sportsmanship and clean play is enforced

For more info please call: (360) 385-2221

Find us on Facebook







For Assistance with This Form Please Contact Chris Macklin 385-2221 or see CountyRec.com

Jefferson County Parks and Recreation (JCPR) Co-ed Pickup Basketball 2018/19

Participant First Name	Last _		Age _	M F	Birthda	у
Mailing Address		City _			Zip	
Parent/Guardian One First Name	э		_ Last _			
Parent/Guardian Two First Name	э		_ Last _			
Home Phone	Alternate Phor	ne		_E-mail		· · · · · · · · · · · · · · · · · · ·
Emergency Contact						
Allergies/Special Needs If y						
ASSUMPTIO	ON OF RISK, RE	ELEASE OF LIAB	ILITY A	AND CON	NSENT	
1. All participants are advised that Je activity. Some (such as sports, games which people normally face in their ewhether restrictive rules, training, exthat forms part of the overall program one to engage in any activity they do 2. On behalf of my minor child, (or othe risks of injury, including serious it that I have had full opportunity to disself fully on this subject. Based on known and unknown. I accordingly as gram. I understand that I must report ity of my minor child, to participate i	y, drills, climbing, hill yeryday lives. This ray an in shall be entirely the not feel they can act on my own behalf, if injury, disability or iscuss the nature and that full understand sume full and sole ray existing medical JCPR Program, to of my minor child (t	king, swimming, or ruitsk of injury cannot be all discipline. The decishe participant's. Particecomplish. an Adult Participant), death that arise from d extent of these risk ling, I freely and knowesponsibility for my (al., physical or mental the group leader before the extent allowed by the design of the extent allowed by the participant of the extent allowed by the design of the extent allowed by the design of the extent allowed by the design of the extent allowed by the participant of the parti	nning), pre- modely rion wheth cipation i I express participa s with off wingly as or my mir condition re the pro- oy law), I	esent a risk elieved by a lieved by a liev	of injury hi any preventi ge in any par am in no wa edge my ful JCPR Progra e JCPR in or ch risks, wh participation affect my a nences.	gher than that ve measures, ricular activity y obligates any- l understanding am. I acknowled der to inform nether specifican in the JCPR Pbility, or the alever discharge
JCPR, and all of the employees, office JCPR but not limited to damage to pr ment in any aspect of the JCPR Progr of any of the parties released in the p	operty, personal inj am. This release app	ury, disability or death plies whether the alles	n, resultir ged iniuri	ng from my es or damas	or my minor es arise fro	child's involve
4. To the fullest extent allowed by la al representatives and next of kin, he and against any and all liabilities aris apply to the fullest extent allowed b partially from that party's negligence	ereby agree to inder sing from my particip by law, even if the l	nnify and hold harmle	ss all the	parties rele	eased in Art	icle 4 hereof fro
5. On behalf of myself and on behalf available on the Jefferson County Par the Public Works Office 623 Sheridan	of my minor child, this and Rec website Street in Port Town	we have read and und (www.countyrec.com) send.	erstand t) or availa	he Concussi able at the I	on Informat Rec Center 6	ion Sheet which 520 Tyler Street
I HAVE READ THIS ASSUMPTION THAT BY MY SIGNATURE I GIVE UP CEI participate in the JCPR Program under ment. The JCPR Program for which the	RTAIN RIGHTS I MIGH er the terms as set fo	HT OTHERWISE HAVE Uprth in this Assumption	INDER LA\ n of Risk,	W. I hereby Release of I	consent to a iability and	allow mv child t
\Rightarrow						
Signature of Parent or Guardian	Date	Signature of Part	•	(18 Years	t Older) Dat	te
I hereby grant permission for myself or n same is intended for publication by print of my name in connection with the public	ny child to be photogra media, INTERNET ne	ewspaper, television, vic	thout com	pensation, b ion picture. I	y JCPR, und additionally	erstanding that to
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Signature of Parent or Guardian	Date	Signature of Part	icipant	(18 Years a	nd Older) D	ate