

Community Sports Adult Registration Form

Name: _____

Sport: _____ **Age:** _____ Male Female

TEAM: _____

Home Phone: (_____) _____ Cell #: (_____) _____

Street Address: _____ District: _____

Postal Code: _____

Email Address: _____

Emergency Contact (other than household): _____

Phone: (_____) _____

I am willing to volunteer as (Circle One): Coach / Assistant Coach / Referee / Other: _____

Insurance: It is the responsibility of every individual, their parent or legal guardian, to provide for their own accident and health coverage while participating in all community sport activities. The Department of Sports does not provide any such coverage for its participants.

AUTHORIZATIONS and RELEASE:

PLEASE READ THIS FORM CAREFULLY AND BE AWARE THAT IN SIGNING UP AND PARTICIPATING YOU WILL BE WAIVING AND RELEASING ALL CLAIMS FOR INJURIES YOU MIGHT SUSTAIN OUT OF THIS PROGRAM.

“As a participant in the program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, including damages or loss which I may sustain as a result of participating in any and all activities connected with Cayman Islands Government/Department of Sports programs.” I agree to waive and relinquish all claims that I may have as a result of my (or my child’s) participation in Community Sports programs.” I further agree to indemnify and hold harmless and defend the Cayman Islands Government/Department of Sports, and its officers, agents, volunteers, and employees from any and all claims resulting from injuries, including damage and losses sustained by me (or my child’s) immediate care and agree that I will be responsible for payment of any and all medical services rendered.”

I HAVE READ AND FULLY UNDERSTAND THE ABOVE PROGRAM DETAILS AND WAIVER & RELEASE OF ALL CLAIMS. Parent or Guardian signature required for those under 18.

Print Name: _____

Signature of participant: _____ **Date:** _____