

Adult Sports Registration Form

Adult Sports Registration Form

Please fill out in order to finish enrolling in a Sports Program.

Player Name (Required): _____

Birthdate (Required): _____

Player's Phone Number (Required): _____

Email (Required): _____

In case of rain-outs

The undersigned states that he/she understands that the Chapman City Rec Commission and City of Chapman are not & shall not be responsible for or liable for any illness, injury to person or damage to property resulting from the program in which the undersigned is enrolling or from his/her participation. In said program the undersigned hereby forever releases & holds harmless the said Chapman City Rec Commission and City of Chapman from any and all claims of any kind that the undersigned or his/her executors, administrators, or assigns may have or claims to have resulting from his/her participation in the said program. I have read & understand the waiver statement. Registration is invalid without a signature.

By signing this, you agree to the terms and conditions above and accept to level of risk associated by participating in the sport.

Signature of Participant (Required): _____