

**HUNTERSVILLE/CORNELIUS PARKS AND RECREATION  
Registration and Waiver Form**

**\*\* Note: Fee must accompany form to be accepted \*\***

Program for which you are registering: **Ralph Lambert Senior Softball League of Lake Norman**

Please Circle one:    New Player        Returning Player        T-Shirt Size:    S    M    L    XL    XXL    XXXL

Name of participant: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ County: Mecklenburg Yes No    Zip \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Home phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Please list any allergies (drugs, plants, animals, etc.), medical conditions, restrictions or necessary special accommodations which the instructor or director should be aware of: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Emergency contact name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency contact phone: \_\_\_\_\_ Other phone: \_\_\_\_\_

Alternate emergency contact name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Alternate's phone: \_\_\_\_\_ Other phone: \_\_\_\_\_

Physician's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance carrier: \_\_\_\_\_ Policy/Group #: \_\_\_\_\_

**Participant Consent Release and Waiver**

I am voluntarily participating in the Senior Softball League. In return for the opportunity to participate, I voluntarily for myself waive, release, indemnify and hold harmless the Towns of Huntersville and Cornelius, its employees, and contractors from any liabilities, claims, damages, injuries, losses, and expenses including reasonable attorneys fees and costs whatsoever, including those for personal injury, death, or property damage, which may arise from or in connection with participation in this program, class or event.

I hereby consent to emergency treatment and transportation of myself for any condition that may arise from or in connection with participation in the program, class or event and I shall be responsible for the payment of all costs associated with such emergency treatment or transportation.

Furthermore, I hereby give permission to the Towns of Huntersville and Cornelius to use any photographs taken by the Towns, its officers, employees or agents of me, during participation in this Senior Softball League. I agree such photographs shall be the property of the Towns of Huntersville or Cornelius and I am not entitled to compensation of any kind for use of such photographs.

I agree to abide by all Town ordinances and Parks and Recreation rules and regulations and understand that the Towns of Huntersville and Cornelius have the right to close registrations and to change fees and requirements when necessary. This release shall remain in effect until cancelled in writing.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

**Please return to Huntersville Parks and Recreation, PO Box 2879, Huntersville, NC 28070  
Phone: 704.766.2220; Fax: 704.992.5528; email: [dwhite@huntersville.org](mailto:dwhite@huntersville.org)  
Website: [www.huntersville.org](http://www.huntersville.org)**