

Upper Moreland Township Parks and Recreation League Registration Form TODAY'S DATE _____

LEAGUE (S) _____ Men Coed Women

SESSION: Winter Spring Summer Fall

1st PARTICIPANT'S NAME _____ M F D.O.B. ____/____/____

1st Participant's self-assessment: (circle) 1 2 3 4 5 1 = novice, 5 = pro

Preferred Position: _____

2nd PARTICIPANT'S NAME _____ M F D.O.B. ____/____/____

2nd Participant's self-assessment: (circle) 1 2 3 4 5 1 = novice, 5 = pro

Preferred Position: _____

Request to be placed on a team with : _____

ADDRESS _____ HOME PHONE _____

EMAIL _____

MEDICAL HISTORY: Does the participant have any allergies or medical conditions? No Yes

If yes, please explain _____

By signing below, I agree to:

- To abide by all published league rules and posted Township Park Rules and Ordinances.
That I agree to release and hold harmless the Twp. of Upper Moreland, School District of Upper Moreland Twp., & Staff from any or all personal injury and property damage that a player may suffer or sustain by reason of the use of facilities, equipment or appointments therein, as well as from participation in this activity. Playing in an adult sports league may cause serious injury; including broken bones, sprains, dislocations, cuts and possibly death.
That this League provides no "accident injury insurance" for injuries to players, team members or spectators. I understand that all participation in this league at-your-own-risk.
That all contact with Dept. staff shall be made through the designated Team Manager.
That players may only participate if they have signed a team roster.
That any player providing false or incomplete information shall be subject to immediate ejection from league participation, without refund.
Team players are responsible if team fee is not paid in full. Players may not participate in any UMPR leagues/activities until said fee is paid in full.

Amount Enclosed: \$ _____ Check # _____ (made payable to "UM Township") Cash _____

PARTICIPANT'S WAIVER and RELEASE

I, the undersigned, or the parent or legal guardian of the participant listed below do certify that the participant is in good health and is able and willing to participate in said program. In consideration, I/we hereby assume all risk of hazards associated with participation of the above-identified participant and the program and agree to hold harmless the Township of Upper Moreland, the Upper Moreland School District, employees, organizers, and supervisors from any and all claims for personal injury or property damages arising out of participation in this program whether the result of negligence or any other cause.

I agree that Upper Moreland Township shall have the right at its discretion to enforce established rules of conduct and/or terminate the participant's registration for failure to maintain these standards or for actions or conduct detrimental to or incompatible with the welfare, comfort, harmony or interest of the group and its program as a whole.

I hereby grant Upper Moreland Township and any of their appointee's full authority to take whatever action they deem warranted regarding the participant's health and safety, and I fully release them from any liability for such actions taken.

I hereby give my permission for any and all medical attention necessary to be administered to the participant in the event of an accident, injury, sickness, etc. This attention is to be given under direction of representatives of Upper Moreland Township until such time as I may be contacted. I further authorize representatives of Upper Moreland Township in my absence to authorize immediate first aid to the above participant and emergency transport to the appropriate medical care facility.

I understand that no health, and/or accident insurance is provided for participants and I also hereby assume the responsibility for payment of any such treatment and release Upper Moreland Township and the Upper Moreland School District and all their officers, appointees, representatives, and employees from any and all liability or claims arising out of any injury, accident or sickness.

Participant's Signature _____ Date _____

To register, fully complete this form and return to UMPR 117 Park Ave. Willow Grove, PA 19090
Participants in Upper Moreland Recreation programs may be photographed for future advertisements.

You will be notified when placed on a team