



Town of Queen Creek  
**Parks & Recreation Department**  
 22350 S. Ellsworth Road, Queen Creek, AZ 85242  
**480-358-3700**

**Volunteers Needed:**

I would like to Volunteer:  Yes  No

T-shirt size: S M L XL XXL

Volunteer Name: \_\_\_\_\_

# Little Athletes



Program T-Shirt: \$15 (Optional for this program)

- |   |  |
|---|--|
| <input type="checkbox"/> Youth Small 6-8    | <input type="checkbox"/> Adult Small 34-36   |
| <input type="checkbox"/> Youth Medium 10-12 | <input type="checkbox"/> Adult Medium 38-40  |
| <input type="checkbox"/> Youth Large 14-16  | <input type="checkbox"/> Adult Large 42-44   |
|   | <input type="checkbox"/> Adult X-Large 46-48 |

	Resident Registration	General Registration	Late Registration	Program Fee	Late Fee
<b>Residents</b>	Feb. 4-15	Feb. 18-22	Feb. 25-29	\$80	\$10 additional
<b>Non-Residents</b>		Feb. 18-22	Feb. 25-29	\$120	\$10 additional

**PROOF OF RESIDENCY is required for all programs**

Bring or mail in two of the following current documents: Water bill, utility bill (electric or gas), bank check, property tax statement, IRS filing statement

**Refund Policy**

- Full registration refund through Feb. 22
- Full registration refund without late fee Feb. 25-29
- No refund after Feb. 29
- Late registration fees are non-refundable

**QUEEN CREEK PARKS AND RECREATION**

Participants Name: \_\_\_\_\_

Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Male  Female

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Subdivision: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Phone # (H): \_\_\_\_\_ (C): \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone # 1: \_\_\_\_\_ Phone # 2: \_\_\_\_\_

Would you like to donate \$2 to the QCPR scholarship fund program?  
 Yes  No

*(The program assists economically disadvantaged individuals who would like to participate in this program).*

**ASSUMPTION OF RISK AND IMAGE RELEASE FORM**

I give permission for my child and/or myself to participate in this program. I understand that the Town of Queen Creek carries no accident insurance for this program. I understand that the risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death. I knowingly and freely assume all such risks, both known and unknown. It is the responsibility of individuals participating in a Town class or activity to notify in writing, any physical limitations that may limit or impair their activity in the program for which they are registered and the Town will make reasonable accommodations. I do herby, for myself, my children, my heirs, executors and assigns, hereby release and hold harmless the Town of Queen Creek, their officials, officers, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and leasers of premises used to conduct the event, with respect to any and all injury, disability, death, or loss or damage to person or property, whether arising from the negligence of the release's or otherwise, to the fullest extent permitted by law. I am of lawful age and legally competent to sign this agreement for and in behalf of the participants. Furthermore, I give consent for emergency treatment.

The undersigned also agrees and gives permission for their likeness, or the likeness of their child, to be photographed or videotaped and that such image may be published in an outlet used to promote or publicize the Town of Queen Creek programs. I understand that any omission or misstatement regarding residency on this registration form shall be grounds for removal from the program regardless of the time elapsed.

\_\_\_\_\_  
 Parent/Guardian Signature

\_\_\_\_\_  
 Date

Please make checks payable to:  
 "Town of Queen Creek"

**Drop off or Mail to:**  
**Queen Creek Parks and Recreation**  
**22350 S. Ellsworth Road**  
**Queen Creek, AZ 85242**

Registration is accepted by mail-in or drop off only. Faxed registration forms are not accepted. The Town of Queen Creek Parks and Recreation Department is not responsible for postal delays.

**FOR OFFICE USE ONLY**

Date Received \_\_\_\_\_ Check # \_\_\_\_\_ Rec.# \_\_\_\_\_

Cash \_\_\_\_\_ Credit Card \_\_\_\_\_ Amount Paid \_\_\_\_\_

Refund/Credit \_\_\_\_\_ Date Issued \_\_\_\_\_

Staff \_\_\_\_\_ Residency Verified