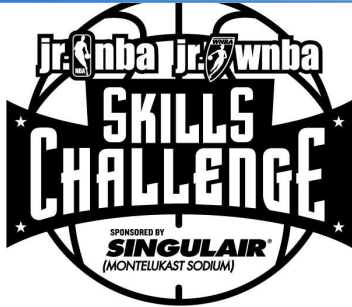




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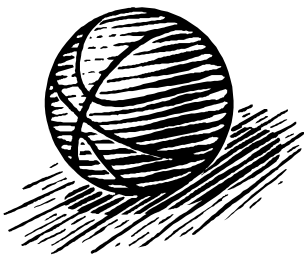
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Town of Queen Creek
Parks & Recreation Department
22350 S. Ellsworth Road, Queen Creek, AZ 85242
480-358-3700



2008 Jr. NBA/Jr. WNBA Skills Challenge

	Registration	Time	Late Registration	Program Fee
Residents	On-Site	10 a.m.	Not Accepted	FREE
Non-Residents	On-Site	10 a.m.	Not Accepted	



Feb. 23, 2008
10 a.m. - 12 p.m.
Queen Creek High School
Gymnasium
22149 E. Ocotillo Road

Volunteers Needed

I would like to volunteer: Yes No

Volunteer name: _____

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 hereby, 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 releasee 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 _____

FOR OFFICE USE ONLY

Date Received _____ Check # _____ Rec.# _____
Cash _____ Credit Card _____ Amount Paid _____
Refund/Credit _____ Date Issued _____
Staff _____ Residency Verified

QUEEN CREEK PARKS AND RECREATION

Participants Name: _____

Birth date: ____/____/____ Age: _____ Male Female

Mailing Address: _____

City: _____ Zip: _____

Parent/Guardian Name: _____

Phone # (H): _____ (C): _____

E-mail Address: _____

Emergency Contact: _____

Phone # 1: _____ Phone # 2: _____

Special Guests:



**On-Site
Registration
10 a.m.**

www.queencreek.org

ASU Women's Basketball
www.thesundevils.com