Adult Team Registration Form

Clement Park Athletics Office
7306 W Bowles Ave
Littleton, CO 80123
Phone: 303-409-2615
Fax: 303-409-2630

Foothills Sports Arena
3608 S Kipling Pkwy
Denver, CO 80235
Phone: 303-409-2444
Fax: 303-409-2440

Foothills Fieldhouse
3606 S. Independence St
Denver, CO 80235
Phone: 303-409-2372
Phone: 303-409-2371

Foothills Park & Recreation District

Desired League: (Please select all classifications):

Location: Easton Regional Park ☐ Lilley Gulch Recreation Center ☐ Ridge Recreation Center ☐
Foothills Sports Arena ☐ Schaefer Athletic Complex ☐ Clement Park ☐ Foothills Fieldhouse ☐

Season: Winter ☐ Spring ☐ Summer ☐ Fall ☐

Sport: Softball ☐ Basketball ☐ Volleyball ☐ Soccer ☐ Flag Football ☐ Lacrosse ☐ Disc Golf ☐

Night: SUN ☐ MON ☐ TUE ☐ WED ☐ THU ☐ FRI ☐

League & Division: _____
(ie. Coed Comp, Men's Comp, Coed Open, Coed Rec)

Team Name _____

Manager's Name _____ **Email** _____

Main Phone # _____ **2nd Phone #** _____

Address _____ **City** _____ **Zip** _____

Assistant Manager's Name _____ **Email** _____

Main Phone # _____ **2nd Phone #** _____

Please Note: Foothills Park & Recreation District is in compliance with the Jake Snakenberg Youth Concussion Act, which requires a youth player (ages 19 and younger) to be removed from play if a concussion is suspected and can only return to play with medical authorization.

_____ 1. **Liability Waiver:** By registering in our programs/classes and/or reserving/renting facility spaces/amenities, the applicant on his or her behalf (and, if applicable, on the behalf of the minor child orchildren registered the said child(ren)'s legal representative), hereby releases and agrees to indemnify andhold harmless the Foothills Park & Recreation District and its representatives and agents from all claims or liability for damages and/or injuries incurred by me and such minor child(ren), in connection with anyDistrict event or activity.

_____ 2. **Hold Harmless:** I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS OF HARM OR INJURY, both known and unknown, and including all risks to my health associated with any communicable disease or community health risk, of my participation in any individual, group or team program or activity, and assume full responsibility for my participation. And further agree to follow any or all local, county or state rules/orders related to community health risks or communicable disease.

_____ 3. **Firearms:** Open and concealed carrying of firearms is PROHIBITED at all Foothills Park & Recreation District facilites, parks, trails and golf courses.

_____ 4. **Americans with Disabilities Act Accommodation Request:** Foothills Park & Recreation District strives toward providing inclusive programs to all community members. People of all abilities are invited to consider registering for any recreational program Foothills Park & Recreation has to offer provided theymeet the minimum eligibility requirements. To request an accommodation please allow 10 business daysprior to the start of the class/activity. Please contact the Programmer/Supervisor of the selected activity. For more information on equal opportunity, diversity and ADA compliance, please contact Human Resources at 303-409-2118.

Signature of Manager _____ **Date** _____

STAFF USE BELOW THIS LINE

Amount	Date	Payment	Balance	Initials
$_____	_____	_____	_____	_____
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REV DATE: JUNE 2021