

CITY OF COUNCIL BLUFFS

PARKS AND RECREATION DEPARTMENT

City Hall – Room 103 Phone Number 328-4650

PLAYER’S CONTRACT **REQUIRED FOR ALL PLAYERS**

PLAYER’S NAME: _____

ADDRESS: _____

PHONE #: _____ AGE: _____ DATE OF BIRTH: ____/____/____
Month/Day/Year

SPORT: _____ GRADE: _____

IMPORTANT: PARENT OR GUARDIAN MUST READ AND SIGN:

I hereby give my full permission to my (son/daughter) to play in the Council Bluffs Parks and Recreation Department’s League. I agree to assume full responsibility in case of accident or injury while (he/she) is playing traveling to or from the scheduled area, or representing (his/her) team in any manner, and do further hereby release and hold forever harmless the City of Council Bluffs, its agents and employees, from any liability for any personal injuries, including death or property damage, which may be incurred by my child while playing, traveling to or from the scheduled area, or representing the team in any manner, including but not limited to any claim alleging that the injury or damage was caused by defective equipment owned or furnished by the City of Council Bluffs, by defects or obstructions on real property owned by the City of Council Bluffs, or by negligence in the supervision of my child or others. It is the responsibility of each parent or guardian to check their child’s insurance for athletic injuries.

SIGNED: _____ DATE: _____

Parent/Guardian