

Singles Horseshoe League

Join the ERC in our fall Horseshoe League.

We will kick off September 8th & compete every Sunday afternoon thru October 13th.

You must be at least 18 years old to participate.

Each person will throw 40 shoes per game.

Registration Deadline: August 28, 2018

Fee: \$15.00 / person



** Don't forget, you can register online! **

REGISTRATION DEADLINE: August 28, 2019

Print Name: _____ Phone: _____

Address: _____ City: _____

Age: _____ Date of Birth: _____ **Circle if:** Over 18

Emergency contact: please list someone other than parent/legal guardian who can be contacted in case of emergency.

Name _____ Home phone _____ Wk # _____

Relationship to participant _____ List any medical conditions: _____

List any allergies or food allergies: _____

CONSENT FOR EMERGENCY MEDICAL AND DENTAL CARE: I appoint the ERC staff, instructors, and volunteers as my agent and representative for the purpose of authorization of emergency medical and dental treatment deemed necessary by duly credentialed physician, dentist, or health care provider. My consent authorizes ambulance service, admission to a hospital, examination (to include X-rays), anesthesia, the use of drugs and medication, and necessary surgery recommended by such medical personnel for the purpose of saving life or to reduce further injury and harm. I acknowledge that payment of such medical treatment is my obligation and that such treatment will be sought only in the event of an emergency.

WAIVER RELEASE STATEMENT: As a participant in this program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, including loss of life, damages or loss which I may sustain as a result of participation in any and all activities connected with or associated with such program. I further agree to waive and relinquish all claims, full release and discharge and agree to indemnify and hold harmless and defend the ERC and its officers, agents, servants, and employees from any and all claims resulting from injuries, including loss of life, damages, and losses sustained by me and arising out of, connected with, or in any way associated with the activities of the program.

The undersigned and participant authorize the ERC to use at its discretion any photograph(s) taken of the participant while participating in any activity and waive any and all claims that the participant or the undersigned or their heirs, executors, administrators, or assigns may have or claim to have resulting from such photograph(s) or reproductions thereof. **I, the Parent/Legal Guardian** of the above named participant have read and understand the "Consent for Emergency Medical and Dental Care" and the "Waiver Release Statement." I agree to abide by all policies and guidelines set forth by the ERC regarding this program.

Signature of participant: _____

E-mail address of participant: _____

(This will be used to e-mail upcoming ERC events.)

Please Return Form to: Ellis Recreation Commission, 1204 Washington Ellis, Kansas 67637

FOR OFFICE USE ONLY: PD _____ SCH _____ W _____ Date _____

Cash _____ Check _____ Credit _____ Amt. \$ _____ Name: _____

Horseshoes 2019