



7370 Groveport Rd. • Groveport, OH 43125  
(614) 836-1000 Phone / [www.groveportrec.com](http://www.groveportrec.com)

**FOR OFFICE USE ONLY:**

Date Recd: \_\_\_\_\_

On Team Roster: \_\_\_ Yes  
                          \_\_\_ No

## Adult Sports Participant Registration Form

Please print clearly. If our staff is not able to read your writing or if your Participant Registration Form is not on file with our dept. or if your name does not appear on your team's roster at least 24 hours prior to your team's game, you are not eligible to participate. Areas noted with (\*) are required.

**SPORT:**    Basketball    Pickleball    Softball    Volleyball    Other: \_\_\_\_\_

**DIVISION:**    Men's    Women's    Co-Ed

**SEASON:** \_\_\_\_\_      **YEAR:** \_\_\_\_\_

**\*TEAM NAME:** \_\_\_\_\_

**PARTICIPANT'S INFORMATION:**

\*First Name: \_\_\_\_\_ \*Last Name: \_\_\_\_\_

\*Address: \_\_\_\_\_  
  Street    City    State    Zip

\*Primary Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

\*Date of Birth: \_\_\_\_\_ \*Sex:  Male    Female

\*Driver License Number: \_\_\_\_\_ OR State Issued ID Number: \_\_\_\_\_

**EMERGENCY CONTACT:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**ACKNOWLEDGEMENT OF RISKS, LIABILITY RELEASE & INDEMNIFICATION AGREEMENT:** In signing this release I acknowledge & understand that as a program participant with the Groveport Recreation Department, I will be exposed to risks of serious bodily injury, sickness or death due to circumstances inherent in the City of Groveport facilities, activities and programs, including the negligent acts or omissions of others. I acknowledge that there are a variety of risks and dangers inherent in recreational activities & facilities. In exchange for being permitted to participate, I voluntarily agree to assume all risks inherent in participating in such activities, programs and facilities. I acknowledge that I have no physical limitations or disabilities of any kind which would restrict me from participating. I agree to make City staff aware of any special accommodations that may be needed at the time of registration and I agree to note such special accommodation on said form. Despite these risks, I agree to hold harmless and release the City of Groveport, its boards and council, officers, officials, employees, volunteers and other representatives from all claims for liability or legal responsibility for any damage or loss of any kind, including personal property or death, property damage & economic loss, arising from my participation. I agree to follow all facility, activity or program rules, and realize that my right to participate may be terminated by the City at any point in time for not adhering to said rules. I do hereby grant and give these groups the right to use my photograph or image with or without my name, both single and in conjunction with other persons or objects for any and all purposes including, but not limited to, private or public presentations, advertising, publicity, and promotion relating hereto.

I have read and agree to the terms above. I understand that refusal to sign will prevent processing of this registration.

\*Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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Recd By: \_\_\_\_\_

# Adult Sports Team Roster

Please print clearly. If our staff is not able to read your writing or if your players do not have a Participant Registration Form on file with our dept. for the Sport/Division/Season/Year, your player is not eligible to participate. Areas noted with (\*) are required.

SPORT:  Basketball  Pickleball  Softball  Volleyball  Other: \_\_\_\_\_

DIVISION:  Men's  Women's  Co-Ed

SEASON: \_\_\_\_\_ YEAR: \_\_\_\_\_

\*TEAM NAME: \_\_\_\_\_

**TEAM MANAGER'S INFORMATION:**

\*First Name: \_\_\_\_\_ \*Last Name: \_\_\_\_\_

\*Address: \_\_\_\_\_  
Street City State Zip

\*Home Phone Number: \_\_\_\_\_

\*Cell Phone Number: \_\_\_\_\_ Able to receive text message?  Yes  No

\*Email Address: \_\_\_\_\_

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NO.	LAST NAME	FIRST NAME	PLAYER REGISTRATION FORM ON FILE?
1			<input type="checkbox"/> YES <input type="checkbox"/> NO
2			<input type="checkbox"/> YES <input type="checkbox"/> NO
3			<input type="checkbox"/> YES <input type="checkbox"/> NO
4			<input type="checkbox"/> YES <input type="checkbox"/> NO
5			<input type="checkbox"/> YES <input type="checkbox"/> NO
6			<input type="checkbox"/> YES <input type="checkbox"/> NO
7			<input type="checkbox"/> YES <input type="checkbox"/> NO
8			<input type="checkbox"/> YES <input type="checkbox"/> NO
9			<input type="checkbox"/> YES <input type="checkbox"/> NO
10			<input type="checkbox"/> YES <input type="checkbox"/> NO
11			<input type="checkbox"/> YES <input type="checkbox"/> NO
12			<input type="checkbox"/> YES <input type="checkbox"/> NO