

BUFFALO PARKS & RECREATION
2010 YOUTH DODGEBALL - REGISTRATION FORM
2ND THRU 8TH GRADE

Name _____ Grade _____ Male _____ Female _____

Parents Name _____ Phone _____ or _____

Address _____

Games will be held on Tuesdays @ the O'Bannon Center starting March 9th and will continue until April 6th. Session 1 will be at 6:00pm Session 2 will be at 7:00pm

REGISTRATION DEADLINE IS March 3th. NO REGISTRATIONS WILL BE ACCEPTED AFTER March 5th.

The fee is \$15.00.

Please make checks payable to: City of Buffalo

Registration can be mailed to PO Box 410 or brought to City Hall at 102 N. Poplar Street.

Additional forms are available at City Hall or on our website @ www.buffalomissouri.us

I hereby give permission for the minor child named in this application to participate in the Buffalo Dodgeball program. In giving this permission, I understand that participation in any athletic activity, including that named here in, involve a risk of injury, which could be minor or extremely serious. I further understand that this activity may require strenuous exercise. Occasionally, strenuous exercise may result in serious illness from heat, stroke, congenital conditions, or other causes. With full knowledge of these risks, I request that the City of Buffalo, permit the child named herein to participate in the program herein identified. If such permission is granted, I agree to, and do so hereby release and discharge the City of Buffalo, its officers, agents, employees, and volunteers, from any and all liability of any illness as a result of his/her participation in this athletic activity, including practices or competitive events. I further assume all obligation to assure that the child/ward named herein has no physical condition which would or might increase his/her risks of injury or illness; and represent to the City of Buffalo that, to the best of my knowledge, information and belief, the child suffers from no such condition. In the event I should later determine that the child has or might have a condition which increases his/her risk of injury or illness, I agree to immediately notify the City Parks Director, and will determine from appropriate medical practitioners whether the child should be withdrawn from the program for his/her own safety. Pending such determination, I authorize the Park Director to withhold permission for the child's further participation in the program, if the Park Director determines that such course of action is appropriate under the conditions.

Signature of

Parent/Guardian _____ Date _____

If you have any questions please contact Bobbie Heard at 345-2701.