



# Registration Form

For Aventura Police Foundation Pickleball Tournament  
 One Team per form - Please print and fill out completely

<b>Participant 1: First Name</b>		Last Name	Cell Phone	Age	<input type="checkbox"/> Female <input type="checkbox"/> Male
Street Address	Apt#	City, State, Zip	E-mail		

### EMERGENCY CONTACT INFORMATION

First Name	Last Name	Contact Number
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<b>Participant 2: First Name</b>		Last Name	Cell Phone	Age	<input type="checkbox"/> Female <input type="checkbox"/> Male
Street Address	Apt#	City, State, Zip	E-mail		

### EMERGENCY CONTACT INFORMATION

First Name	Last Name	Contact Number
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### Waiver

As a participant in a City of Aventura (the "City") cultural, sporting, entertainment or other activity or event, or as a user of any City facility, premises or equipment, I hereby voluntarily assume the risk of any loss, injury or damage to myself or my property which in any way arises out of the use of such facilities, premises or equipment or participation in such activities or events, which said loss, injury or damage is sustained while upon said facilities or premises, using such equipment, participating in said events or activities or being transported therefrom or thereto. Further, I do hereby waive any claim against the City and its agents, servants and employees, arising from said loss, injury or damage and do covenant not to sue City or its agents, servants and employees, thereon, regardless of whether such loss, injury or damage is caused in whole or in part by the negligence of City or by the negligence of the agents, servants, or employees of the City.

I hereby give permission for the City to call my physician and/or arrange for emergency medical service technician response or for transportation to a hospital, in the event of any injury or illness to myself, although I understand that the City assumes no responsibility to do so.

### Print/Electronic Media Release

I hereby give my permission to the City of Aventura to take, use and display photographic or digital images of me or my child, which may be posted on the City's Internet website or forwarded to newspapers and other publications in which the photograph or digital image would be associated with the City of Aventura.

### Participants Authorization

Your signature below indicates that you have read the above items, that the information on this enrollment form is complete and accurate and that you have reviewed, understood and agreed to comply with the program policies and procedures of the City of Aventura and its agents. I, thereby grant permission for the City of Aventura and its agents staff to have access to my records.

READ, UNDERSTOOD AND AGREED TO all statements above \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Print Name \_\_\_\_\_ Signature \_\_\_\_\_

READ, UNDERSTOOD AND AGREED TO all statements above \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Print Name \_\_\_\_\_ Signature \_\_\_\_\_