



FOR OFFICE USE ONLY	
Date:	_____
Amount:	_____
Cash/Check:	_____
Receipt #:	_____
Staff:	_____

PARKS & RECREATION DEPARTMENT REGISTRATION FORM
 315 E. Palm Dr. Edinburg, TX 78539 Phone (956) 381-5631
 ** <https://edinburg.recdesk.com> **

First Name	M.I.	Last Name	Team Name
Address		City	State Zip
Home/Cell Phone #	Other Phone #	email address	

NO REFUNDS will be given after the first day of GAMES.
Any request for refund is subject to review and final approval by the Supervisor.
All Approved request will incur a mandatory \$3 Administrative Fee.

Check Box	SPORT PROGRAM	Age/Division	Registration	TEAM FEES	League Starts	LOCATIONS
	Adult OPEN Basketball	Age 18 & Over	April 29 – May 29	\$275	6/4	ESWC
	Adult 6' & Under Basketball	Age 18 & Over	April 29 – May 29	\$275	6/6	ESWC
	Adult Women's Basketball	Age 18 & Over	April 29 – May 29	\$275	6/4	ESWC
	Men's Class E - MON	Age 18 & Over	April 29 – May 29	\$250	6/3	Municipal Park
	Adult Women's - TUES	Age 18 & Over	April 29 – May 29	\$250	6/4	Municipal Park
	Adult Softball Co-Ed – WED	Age 18 & Over	April 29 – May 29	\$250	6/5	Municipal Park
	Men's Class D - THURS	Age 18 & Over	April 29 – May 29	\$250	6/6	Municipal Park
	Adult Co-Ed Volleyball	Age 18 & Over	April 29 – May 29	\$250	6/6	ESWC

Should you have additional questions, please feel free to contact the City of Edinburg Parks and Recreation Department at (956) 381-5631. I, parent, adult participant, or guardian of the above named, fully understand that participation in the City of Edinburg Parks & Recreation Dept. Sports Programs may result in a serious injury or illness. Some types of risks involved include: twisting an ankle, muscle strains, being hit by a ball, jammed fingers and more serious injuries may result from participating in the above-mentioned sport programs. Although I fully appreciate those risks, I desire to participate without regard to the consequences. I assume all risks and hazards incidental to such participation and do hereby waive, release, absolve, indemnify, and agree to hold harmless the City of Edinburg, any and all sponsors or any other individuals, firm, or organization resulting in whole, or part, from participation in the City of Edinburg Parks and Recreation Dept. Sport Programs, or the acts or omissions by any organization, firm, or individuals, that take place in connection with the City of Edinburg Parks and Recreation Dept. Sport Program. This Waiver shall be binding on my heirs, legatees, administrators, and assigns. Further, I hereby grant full permission to any and all of the forgoing, to use any photograph, video tapes, motion pictures, recordings, or any other record of this event, for any legitimate purpose. I also grant permission to managing personnel, or other representatives, to authorize and obtain medical care from any licensed E.M.T., physician, hospital, or medical clinic should the above named participant becomes ill or injured while participating in activities away from home or at any other time when neither parent is available to grant authorization for emergency treatment.

Print-Participant Name	Participant Signature	Date
Emergency Contact Name	Home/Cell Phone #	Relationship
Family Physician Name	Phone #	please list any health/medical conditions