

Teen Basketball Clinic Application • Wells Branch MUD

3000 Shoreline Dr. • Austin, Texas 78728 • 512-251-9814

Please Check

___ Session #1 June 7th – June 25th

___ Session #2 July 5th – July 23rd

1. Name: _____
(Last) (First) (M.I.)

Date of Birth: _____ Male ___ Female ___ Medical/Physical Restrictions: _____

Allergies: _____ Medication: _____

Special Diet/Restrictions: _____

PARENT/GUARDIAN INFORMATION

Mother/Guardian Name: _____ Father/Guardian Name: _____

Address: _____

City: _____ Zip: _____ Home Phone Number: _____

Work Number: _____ Cell #: _____ Work Number: _____ Cell #: _____

Additional persons to whom participants may be released, including in an emergency if parent/guardian cannot be reached:

1. _____
(First & Last Name) (Relationship to child) (Telephone #)

2. _____
(First & Last Name) (Relationship to child) (Telephone #)

MEDICAL INFORMATION

In case of emergency, I authorize the staff of Wells Branch MUD to secure the services of the nearest physician and medical facilities, if I and/or my family doctor cannot be reached.

Doctor's Name: _____ Phone Number: _____

Hospital: _____ Phone Number: _____

WELLS BRANCH MUD POLICY AND RELEASE OF LIABILITY

This program is on a first come--first served basis and all registration for the program must be done at the Recreation Center office by the parent/guardian. If the program is canceled, all fees will be refunded. Otherwise, there is no refund once a participant is signed up and paid for.

I hereby apply for use of the District's recreational facilities and for participation in a Teen Basketball Clinic. I understand that the District does not, by the provision of these recreational facilities and programming, assume any responsibility or liability to me or, if this application is on behalf of my minor children, to my children, and I/we undertake such activities at my/our own risk. In consideration of being allowed to participate in this class or recreational activity, I assume all responsibility for and release and discharge the District, its agents, officers, officials, employees, contractors, and representatives, whether paid or volunteer, from all claims, demands, actions, judgments and executions which I ever had, or now have, or may have in the future or which my heirs, executors, administrators or assigns may have or claim to have against the District, its agents, officers, officials, employees and representatives for all personal injuries and property damage known or unknown, caused by or arising out of this class or activity.

I further waive any claim for damages for or arising out of the above activity. I understand and acknowledge that I/we are engaging in this activity at our own request and risk and are not entitled to any compensation, benefit or insurance coverage from the District, nor will I/we claim any from the District. I/we further acknowledge that I/we are familiar with the activity and are physically able to perform it. If this application is on behalf of my minor children, I hereby represent that I am the legal guardian of said children, and in my capacity as such, assume full responsibility for them in accordance with the terms of this release. I have read this application and release and understand all its terms. I execute it voluntarily and with full knowledge of its significance.

Parent/Guardian Signature: _____ Date: _____

Wells Branch Municipal Utility District wishes to make reasonable accommodations so that persons with disabilities can participate in classes/activities. If you have special needs or will require special assistance please let us know.