

CRESTED BUTTE SOUTH PROPERTY OWNERS ASSOCIATION

61 TEOCALLI ROAD, CRESTED BUTTE, CO 81224
PHONE (970) 349-1162, WEBSITE: www.cbsouth.net, FAX (970) 349-1163

Participant Information

Name _____

Parent Name _____

Email _____

Address _____

City, State, Zip code _____

Home Phone _____ Cell Phone _____

Level _____ Age _____

Circle all that apply _____ Disclaimer on backside

Tennis Ladder: \$5 per Season. \$10 per team. Paid _____ Date _____

COED Doubles Men's Women's

Adult Tennis Clinics: \$45 per Session. Paid _____ Date _____

1st 2nd 3rd 4th Session

Youth Tennis Lessons: \$30 per Session. Paid _____ Date _____

1st 2nd 3rd 4th Session (9 am)

5th 6th 7th 8th Session (10:30 am)

Adult COED Softball: \$235 per Team. Paid _____ Date _____

Individual cost \$15

Horseshoe's Doubles: \$10 per team. Paid _____ Date _____

Soccer Adult/Youth COED: Free Date _____

Crested Butte South P.O.A Parks and Recreation

Disclaimer Statement

Please read carefully

Release:

I understand there are risks of physical injury in participating in sports and recreational activities or programs. I hereby release the Crested Butte South P.O.A., its employees, officials and agents from any and all liability or loss or damage to personal property that, my child or I may experience in connection with activities sponsored by Crested Butte South P.O.A. Parks & Recreation.

Participant Signature

Parent Signature (if under 18)

I hereby consent to emergency medical procedures deemed advisable for my child in the event I cannot be reached and my child has sustained an injury. The Crested Butte South P.O.A. does not provide accident or hospitalization insurance for participants of its programs. All participants are advised to have adequate personal coverage. Please consider participant's own health, experience, and tolerance for risk before participating in any program. I also consent to the use of my or my child's photo, video, artwork etc. by the P.O.A. for flyers, presentations etc.

Participant Signature

Parent Signature (if under 18)