

**HOOVER PARKS AND RECREATION ARCHERY**  
**BEGINNER REGISTRATION FORM 2020**

Name of Participant \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

Sex (Circle): M F      Email contact \_\_\_\_\_

Address \_\_\_\_\_

Name of Parent's/ Guardian \_\_\_\_\_ City \_\_\_\_\_ State Zip \_\_\_\_\_

Work \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_ E-mail \_\_\_\_\_

**Emergency Contact Person** \_\_\_\_\_

Work \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_

**Allergies and Other Medical Information** \_\_\_\_\_

Please check here if you need any accommodation in accordance with the Americans with Disabilities Act to participate in an activity/ program or to use any facility provided by Hoover Parks and Recreation. If an accommodation is needed, a member of our staff will contact you about how we can be of further assistance.

**For Beginner Archers:** Please circle the month you wish to begin archery  
**January   February   March   April   May   June   July/August   September   October   November   December**

**Important Information**

The City of Hoover strives to conduct its recreation programs and activities in a safe manner and holds the safety of participants in the highest regard. Participants and parents registering their child in recreation programs must recognize however that there is an inherent risk of injury when choosing to participate in any recreation activities. The City of Hoover continually strives to reduce such risks and insists that all participants follow safety rules and instructions which have been designed to protect the participant's safety.

**COVID-19 INFORMATION**

**Effective May 22, 2020, at 5 P.M.**, persons attending or participating in athletic activities shall comply with the following rules. a. Permitted team activities. From May 22, 2020, at 5:00 P.M., until June 14, 2020, participation in team athletic activities is limited to practices that involve conditioning, skill drills, and similar activities, subject to the rules of this paragraph. Beginning June 15, 2020, participation in team athletic activities may proceed in any respect subject to the rules of this paragraph. b. Social distancing. (i) Players, coaches, officials, and spectators shall not congregate within 6 feet of a person from another household except to the extent necessary—and only to the extent necessary—for players, coaches, and officials to directly participate in the athletic activity. (ii) Players, coaches, officials, and spectators shall refrain from high fives, handshakes, and other physical contact except to the extent necessary—and only to the extent necessary—for players, coaches, and officials to directly participate in the athletic activity. c. Facial coverings. Players, coaches, and officials shall wear a mask or other facial covering that covers his or her nostrils and mouth at all times except when a player or official is directly participating in the athletic activity. d. Sanitation. Players, coaches, and officials shall not share water coolers, drinking stations, water bottles, cups, or other drinking devices. Organizers of athletic activities shall take reasonable steps, where practicable, to regularly disinfect frequently used items and surfaces.

Please recognize that the City of Hoover does not carry medical accident insurance for injuries sustained in its programs. The cost of such would make program fees prohibitive. Therefore, each person registering themselves or family member/ward for a recreation program/activity should review their own insurance policy for coverage. Due to the difficulty and high cost of obtaining liability insurance, the City of Hoover requires execution of the following Waiver and Release. Your cooperation is greatly appreciated.

**WAIVER AND RELEASE OF ALL CLAIMS**

Please read this form carefully and be aware that in registering yourself and/or your ward to participate in this/these program(s), you will be waiving and releasing all claims of injuries, damages or loss, or claims your ward might sustain through participation in **Archery**.

As a participant or the parent/guardian of a participant in this program, I recognize and acknowledge that there are certain risks of physical injury, and I agree to assume the full risk of any injuries, damages or loss which I or my ward may sustain as a result of participating in any way associated with the activities of the program.

I further agree to indemnify, hold harmless, and defend the City of Hoover, Hoover City Schools, their officials, agents, servants, representatives, employees and board members from any and all claims for injuries, damages or loss sustained by me or my ward arising out of, connected with, or in any way associated with the activities of the program.

In the event of any emergency, I authorize program officials to secure from any licensed hospital, physician and /or medical personnel any treatment deemed necessary of my or my ward's immediate care and agree that I will be responsible of payment of any and all medical services rendered.

**I HAVE READ AND FULLY UNDERSTAND THE ABOVE PROGRAM DETAILS, WAIVER AND RELEASE OF ALL CLAIMS AND PERMISSION TO SECURE TREATMENT.**

Participant's Full Name \_\_\_\_\_  
(print)

\_\_\_\_\_  
Signature of Participant OR Parent/Legal Guardian (if participant is under 19 years old)

\_\_\_\_\_  
Date