



Poarch Creek Indians Recreation Department

5811 Jack Springs Road Atmore, AL (Mailing Address)

444 Lynn McGhee Drive Atmore, AL (Physical Address)

(251) 368-9136 Extension 2256

Registration Application Form

Applicants Information (Please Print)

Full Name: _____
First Last M.I.

Address: _____
Street Address Apartment/Unit #

City State Zip Code

Home Phone:() Cell Phone Number:()

Date of Birth: Age:

Email address: _____

League/Event Registering For: Age Category: _____

Additional Information Waiver & Release Medical Authorization

Registration applications must be filled out **COMPLETELY**. Coaches are required to sign the PCI Recreation Waiver & Release, Medical Authorization, and Sportsmanship Policy.

Please Check One

____ Tribal Member ____ First Generation ____ Non-Tribal

Uniform Sizes

____ Shirt Size ____ Short Size ____ Pants Size

Gender

____ Female ____ Male

Emergency Contact: _____

Relationship to applicant: _____

WAIVER AND RELEASE & MEDICAL AUTHORIZATION

I do for myself and my heirs, legal representatives, successors and assigns hereby, waive, release, discharge and covenant not to sue the Poarch Band of Creek Indians, a federally recognized Indian Tribe; the Poarch Band of Creek Indians Recreation Department/Authority/Volunteer; and each of their respective directors, employees, agents, servants, officers, affiliates, parents, subsidiaries, successors, predecessors and assigns from any and all costs, liabilities, expenses, claims, demands, damages, actions, causes of action, or suits of whatsoever kind or nature arising from, relating to, or in connection with my participation in any recreation programs, events, or activities sponsored by the Poarch Band of Creek Indians or managed by the Poarch Band of Creek Indians Recreation Department/Authority/Volunteer. Claimant understands that this full, complete and final waiver and release of liability is intended to be as broad and as inclusive as permitted by the laws of the Poarch Band of Creek Indians and if any portion is held invalid, it is agreed that the balance shall continue in full force and effect. In the case of emergency or illness, I hereby authorize a representative of PCI Recreation Department/Authority/Volunteer to use his/her judgement in obtaining Medical Care.

Applicant/Parent or Guardian Signature: _____