



## Eagle Lake Adult Pick Up Basketball

Eagle Lake Adult Pick Up Basketball is a program of Mankato Area Public Schools Community Education for adults over 18 and not a K12 student. Eagle Lake Adult Pick Up Basketball is only available to registered participants. Allowing non-registered participants at the program, such as spectators or individuals participating without signing the required registration document, may result in immediate termination of the program. Registration for Adult Pick Up Basketball includes signing the code of conduct and waiver form and adhering to the outlined expectations. If a registered participant of Eagle Lake Adult Pick Up Basketball is found to have failed to adhere to the code of conduct and outlined expectations, they will forfeit their ability to participate in the program.

Eagle Lake Adult Pick Up Basketball will be held on the following dates and times:

March 8th,

April 12th, 26th

May 10th, 17th, 24th 31st.

7pm-9pm

3 basketballs will be provided by Mankato Area Public Schools Community Education. Building custodial will have door #2R unlocked for entrance to the gym.

Eagle Lake Adult Pick Up Basketball may be canceled and not rescheduled due to changes in calendar for Eagle Lake Elementary scheduled activities, weather closures or low participation.

I \_\_\_\_\_, agree to abide by the rules and regulations established by Mankato Area Public Schools Community Education. I, acknowledge, agree and understand that: 1. Voluntarily and of my own free will, I elect to participate as a member of the program indicated above. 2. I understand that there are certain risks and hazards involved in participating in sport which may result in injury or death to me or other players, including, but not limited to those hazards associated with playing conditions, equipment and other participants. 3. I understand that the very nature of sport participation is hazardous and risky, including, but not limited to, hitting a ball, blocking, running, jumping, stretching, sliding, diving, and collisions with other players and with stationary objects, all of which can cause serious injury or death to me and to other players. Further, I agree that in consideration for the right to play as a member of the program designated above and in consideration for permission to play on the courts arranged for the program: 1. I voluntarily elect to accept and assume all risks of injury incurred or suffered by me (a) while practicing or playing as a member of the program so designated, (b) while serving in a non-playing capacity during practice or play by others, and (c) while on or upon the premises of any and all of the facilities arranged for by the program. 2. I release, discharge, and agree not to sue the City of Eagle Lake, Mankato Area Public Schools Community Education or Mankato Area Public Schools or their officers, agents, servants, associations, employees, or any person or entity connected with the team, league, facility, City of Eagle Lake, Mankato Area Public Schools Community Education or Mankato Area Public Schools for any claim, damages, costs or cause of action which I have or may in the future have as a result of injuries or damages sustained or incurred by me from whatever cause including but

not limited to the negligence, breach of contract or wrongful conduct of the parties hereby released.

I understand that MAPS Community Education adheres to all policies of Mankato Area Public Schools and as a program participant, I will be expected to follow all procedures which align with said policies. I understand that verbal and physical violence and unsportsmanlike conduct will not be tolerated. I understand that if I am found responsible for having caused damage to the facility or surrounding property, I will be held responsible for repair. This could include but is not exclusive of: shattered or cracked backboard, or a bent basketball rim. I understand that I will be required to wear shoes which will not damage the gym floor, which means putting the them on once I am in the facility.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_

..... \* Office Use Only \*

Date received: \_\_\_\_\_ Amount Paid: \_\_\_NA\_\_\_\_\_

Program: Eagle Lake Adult Pick Up Basketball Season: FY23