

# ROCKY MOUNT PARKS & RECREATION

## 2010 Youth Football Development & Technique

### Training Camp

**NO  
CASH  
ACCEPTED!**

For more information call:  
252-972-1170

It is the policy of the City of Rocky Mount not to discriminate on the basis of race, sex, national origin, disability, age, creed, color or religion.







**LOCATION: Stith/Talbert Park**  
**Program Description:** Designed to promote awareness and safety at an early age. Children will be taught proper skills and techniques for positions of quarterback and running back, lineman technique on blocking, proper defensive back foot work, and linebacker and defensive end technique and training. Come learn how to be effective by understanding your role as a team player.  
Visit our website: [www.rockymountnc.gov/parks](http://www.rockymountnc.gov/parks)

Child's Full Name \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_  
(see dates above) (month / day / year)

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Email Address: \_\_\_\_\_  
(This email address will be used for team correspondence and other notifications)

Mother's Name \_\_\_\_\_ Cell/Work# \_\_\_\_\_ Father's Name \_\_\_\_\_ Cell/Work# \_\_\_\_\_

<p>REGISTRATION BEGINS: March 1, 2010 REGISTRATION ENDS: April 3, 2010 Ages 6-14</p> <p><b>REGISTRATION FEE</b></p> <p>Registration Fee \$ 35.00 Optional Accident Ins. + 7.00</p>	<p><b>Camp dates:</b> April 12-May 13, 2010</p> <p><b>Camp days:</b> Mon./Wed./Thurs.</p> <p><b>Camp times:</b> 6-7:30 pm</p> <p><b>Camp location:</b> Stith/Talbert Park</p>	 Running Back  Defensive Back & Linebacker  Quarterback  Kicker  Receiver  Offensive & Defensive Lineman
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TOTAL AMOUNT DUE: \$

Pymt Opt: Credit Card / Check# \_\_\_\_\_ / Money Order

MasterCard / Visa Exp. Date \_\_\_\_\_

Card # \_\_\_\_\_

Signature \_\_\_\_\_  
(credit card only)

Auth. / Receipt # \_\_\_\_\_

Please mail entry fee and form to:  
Rocky Mount Parks & Recreation Dept.  
Attn: Carlton Alston or Michael Wright  
PO Box 1180  
Rocky Mount, NC 27802-1180

**REFUND POLICY**

100% refund/credit/transfer if Department cancels program or facility rental. 85% refund if participant requests 5 days in advance of program start date or two weeks prior to rental date. 100% fee transfer to another P&R program at time of withdrawal. Refunds for medical reasons requested prior to program start date and/or rental and subject to verification granted 100%. NO REFUND if participant's request falls within 5 days of program start date or within two weeks prior to rental date.

**REGISTER AT:**

South Rocky Mount  
Comm. Center  
252-972-1170

Booker T. Washington  
Comm. Center  
252-467-4902

City Hall P&R Admin. Of-  
fice (3rd Floor)  
252-972-1151

**CITY OF ROCKY MOUNT RELEASE, INDEMNITY, ACKNOWLEDGEMENT AND ASSUMPTION OF RISK**

IN CONSIDERATION of my participation in the 2010 Youth Football Training Clinic (the "Activity") sponsored by the City of Rocky Mount, I, for myself, my heirs, executors, administrators, personal or legal representatives, successors and assigns, hereby agree to:

(i) RELEASE, WAIVE, FOREVER DISCHARGE and COVENANT NOT TO SUE the City of Rocky Mount, its elected officials, officers, employees, and agents (collectively the "City") from any and all claims, losses, damages, or liability (present and future), on account of injury to my person or property, including injury resulting in my death, arising out of, or in any way connected with, my participation in the Activity, including, without limitation, to the extent permitted by law, any claim, loss, liability, or damage related (directly or indirectly) to acts or omissions (negligent or otherwise) of the City; and

(ii) INDEMNIFY, DEFEND and HOLD HARMLESS the City from and against any and all claims, losses, liability, and damages (present and future) and all costs, charges, and fees (including reasonable attorneys fees) related thereto, arising out of, or in any way connected with my participation (or the participation of the minor identified below) in the Activity or connected with the participation of anyone participating in the Activity under my auspices or with my implied or express consent, including, without limitation, to the extent permitted by law, any claim, loss, liability, or damage related (directly or indirectly) to acts or omissions (negligent or otherwise) of the City.

I understand that participation in the Activity involves the risk of injury or death, and by executing this Release, Indemnity, Acknowledgement and Assumption of Risk (this "Release"), I acknowledge and assume all risk of injury or death resulting from participation in the Activity.

I further agree that if any term or provision of this Release, or the application thereof, to any person or circumstance shall, to any extent, be deemed invalid or unenforceable, the remainder of this Release, or the application of such term or provision, to person or circumstances other than those to which it is held invalid or unenforceable, shall not be affected thereby, and each term and provision of this Release shall be valid and enforceable to the fullest extent permitted by law.

I have carefully read this Release and have executed the same voluntarily adopting the word "SEAL" after my name as my seal.

**THIS DOCUMENT RELEASES YOUR RIGHT TO MAKE A CLAIM IF YOU HAVE AN ACCIDENT OR ARE INJURED. DO NOT SIGN IT UNLESS YOU HAVE READ IT AND UNDERSTAND IT FULLY.**

**PHOTO RELEASE STATEMENT**— Pictures or video clips may be taken while participating in City of Rocky Mount Parks & Recreation programs. If you do not concur, please call 252-972-1151.

\_\_\_\_\_  
Signature of Parent/Guardian (SEAL) \_\_\_\_\_ Print Name \_\_\_\_\_ Date: \_\_\_\_\_