Brushy Creek Municipal Utility District

16318 Great Oaks Drive ☐ Round Rock, Texas 78681
Phone (512) 255-7871 ☐ FAX (888) 843-7326
Email: CustomerService@bcmud.org ☐ **Website:** www.bcmud.org

Course Registration FORM
RECREATION

PARENT / GUARDIAN

Parent Name: _____ Email: _____
Address: _____ City: _____ Zip: _____
Main Phone: _____ Work Phone: _____

EMERGENCY CONTACT

Name: _____ Phone: _____ Relation: _____
Name: _____ Phone: _____ Relation: _____

REGISTRANTS

START DATE	PROGRAM NAME	PARTICIPANT NAME	DOB	M/F	GRADE	ALLERGIES	SHIRT SIZE Y (S-M-L) A (S-M-L)

By execution below, I hereby certify that the information above is true and correct.

(1) Medical Waiver: In the event that my child requires emergency medical treatment and I cannot be reached, I hereby authorize the BCMUD Staff to make the necessary arrangements to transport my child to the nearest hospital/emergency facility. I give my consent for any and all medical treatment determined necessary by the treating physician. (2) Waiver: I understand that BCMUD activities have inherent risk and I hereby assume all risk and hazards arising out of my participation, or my child's participation, in all such activities including transportation to and from activities. I further agree to waive, hold harmless, release, and indemnify BCMUD, its employees, volunteers, officers, directors, contractors, participants, coaches, referees, as well as persons or parents transporting participants to and from such activities, from and against any and all claims, costs, expenses, liability, property damage, or personal injury arising out of or related to the use of BCCC facilities or participation in any BCMUD activity, whether located on BCCC property or not, by me or my child. (3) Rules and Regulations: I agree and will comply by Brushy Creek rules and regulations. (4) Brushy Creek Youth Sports Terms of Agreement: The BCCC reserves the right to adjust, combine, separate and place participants in divisions for all leagues, I acknowledge and accept that not all friend and/or coaching requests will be fulfilled, Each player signs up as an individual, not as a group or team, Once registration in a division is full a waitlist will be formed. I agree to follow the code of conduct for players and coaches provided by the league office. (5) I understand that the BCMUD is not regulated by the Texas Department of Family and Protective Services.

I grant permission for my child to participate in all water activities offered by BCMUD. ☐ **Yes** ☐ **No**
I grant my consent for pictures taken of my child to be used for future BCMUD promotions or display. ☐ **Yes** ☐ **No**
I grant permission for BCMUD staff to transport my child to and from the Community Center for program related field trips and other planned events. ☐ **Yes** ☐ **No**

BY SIGNING BELOW I THE PARENT / GUARDIAN ACKNOWLEDGE THAT I HAVE READ AND AGREE TO THE TERMS AND CONDITIONS LISTED ABOVE.

Signature: _____ Date: _____