



Recreation Dept
Sports Registration Form

Sport (Check one box only) Basketball [ ] T- Ball [ ] Coach Pitch Baseball [ ] Baseball [ ]
Softball [ ] Cheerleading [ ] Flag Football 5-7 [ ] 8-10 [ ] Swim Team [ ]

Participant Information Ages: 5-6 [ ] 7-8 [ ] 9-10 [ ] 11-12 [ ] 13-15 [ ] 4 yr Old [ ] T-Ball

Players Name Last Name First Name Middle Name

Players Address Street City State Zip

Players D.O. B. / / Male [ ] Female [ ] Main Contact#

Shirt Size

Parent/Guardian Information Child resides with

Father/Guardian Name Last Name First Name Home Phone#

Email Address Cell Phone #

Mother/Guardian Name Last Name First Name Home Phone#

Email Address Cell Phone#

Medical Information

Does the player have any disabilities, handicaps, present injuries or limitations, allergies, hemophilia, heart condition, history of respiratory illness, or any other significant medical condition? Yes [ ] No [ ]

If yes, please state problems here

Official Use

Park Initial Amount of paid

Date Check [ ] Cash [ ]

Waiver / Disclaimer I, the parent/guardian of the above mentioned Individual, acknowledge that participation in athletic events involves risk of physical injuries. In consideration for accepting the registration of the above named individual and permitting the voluntary participation of said individual in the Arab Park & Recreation Department Sports Program, I here release, discharge and hold harmless the City of Arab, its volunteers and all other representatives of the City from any claims arising out of or relating to any injury that may result to said individual during any Park and Recreation Department sponsored event, including any injuries caused by the negligence of any official, referee, coach, Park and Recreation Department volunteer or representative while performing his/her duties during any practices, games or transporting of individuals to and from Park and Recreation events or practices. I further agree to return, upon request, all program supplies equipment in the same condition as received, with the exception of any wear experienced through normal use. An accidental insurance policy will be offered for each program at addition charge. Moneys paid at registration will not be refunded unless individual does not meet the qualifications of the program(s) he/she is registering for. I have read and acknowledged receipt

Parent/Guardian Signature Date