



Arab Parks and Recreation Dept  
Sports Registration Form

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

**Participant Information** **Ages:** **4 yr. old**  **5-6**  **7-8**  **9-10**  **11-12**  **13-14**   
**13-15 Baseball**

Players Name \_\_\_\_\_  
**Last Name** **First Name** **Middle Name**

Players Address \_\_\_\_\_  
**Street** **City** **State** **Zip**

Players D.O. B. \_\_\_\_/\_\_\_\_/\_\_\_\_ Male  Female  **Main Contact#** \_\_\_\_\_  
Month Day Year

**Shirt Size** \_\_\_\_\_

**Parent/Guardian Information** Child resides with \_\_\_\_\_

Father/Guardian Name \_\_\_\_\_ Home Phone# \_\_\_\_\_  
Last Name First Name

Email Address \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Mother/Guardian Name \_\_\_\_\_ Home Phone# \_\_\_\_\_  
Last Name First Name

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 \_\_\_\_\_

**OFFICE USE ONLY**

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. 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** \_\_\_\_\_