Parks and Recreation Sports Registration Form

Sport (Check one box only) ☐ **Basketball** ☐ **T-Ball** ☐ **Baseball** ☐ **Softball** ☐ **Swim Team**

☐ **Cheerleading** **Flag Football** ☐ **5-7** ☐ **8-10**

Participant Information **Ages:** ☐ **4-5** ☐ **5-6** ☐ **7-8** ☐ **9-10** ☐ **11-12**

Players Name: _____
Last name First name Middle Name

School Child Attends: _____

Players Address: _____
Street City County State Zip code

Players DOB: ___/___/___ ☐ Male ☐ Female Main Contact # _____

Shirt Size: _____ Emergency Contact # _____

Parent / Guardian Information: Child Resides With: _____

Father/Guardian Name: _____ Cell Phone# _____
Last Name First name

Email Address: _____

Mother/Guardian Name: _____ Cell Phone# _____
Last Name First name

Email Address: _____

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 conditions below.

_____

Official Use:

Park Initial_____ Amount 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 Parks & 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 Parks and Recreation Department sponsored event, including any injuries caused by the negligence of any official, referee, coach, Parks 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.

TRANSPORTATION OR COACH REQUEST CANNOT BE MADE. I have read and acknowledge receipt:

Parent/Guardian Signature: _____ **Date:** _____