

JASPER PARKS & RECREATION

REGISTRATION FORM

Baseball

Softball

Soccer

Basketball

Player's Name _____
(please put FULL name as listed on birth certificate)

Address: _____ **Zip** _____

Male or Female (please circle one) **Age:** _____ **Birthdate:** _____

Height: _____ **Weight:** _____

Years of sport experience: _____ **School:** _____

Please circle one: Youth medium Adult small Adult large Adult xx large
 Youth large Adult medium Adult x large

List any physical or medical limitation the coach needs to be aware of: _____

Allergies: _____

Player(s) doctor's name: _____

Parent(s) Name: _____ Home phone number: _____

Work phone number: _____

Home phone number: _____

Work phone number: _____

Person to contact in case of emergency (other than parent)

Name: _____ Home phone number: _____

Work phone number: _____

Please list any brothers/sisters that will be playing this sport during the season for which you are enrolling:

Comments: _____

I/WE ASSUME ALL RISKS AND HAZARDS INVOLVING PARTICIPANTS IN GAMES, PRACTICES, OR TRANSPORTATION FOR THIS PLAYER DURING THE SEASON. I/WE DO HEREBY WAIVE, RELEASE AND AGREE TO HOLD HARMLESS THE CITY OF JASPER PARKS AND RECREATION DEPARTMENT FROM DEATH, INJURIES, CLAIMS OR OTHER PARTICIPANTS DURING THE CURRENT SEASON.

Parent signature _____ Parent signature _____

REGISTRATION RULES

1. NO SPECIAL REQUESTS FOR TEAM PLACEMENT OF CHILDREN WILL BE GRANTED EXCEPT IN THE CASES OF BROTHERS OR SISTERS. Children are expected to play on the team they are placed on.
2. NO REFUNDS FOR ANY PARK & RECREATION SPORTS EXCEPT IN CASES OF A DOCTOR'S ORDERS.
3. ORDER A SIZE LARGER SHIRT THAN IS NORMALLY WORN. WE WILL NOT BE RESPONSIBLE IF THE WRONG SIZE SHIRT IS ORDERED.

I HAVE READ AND UNDERSTAND THE RULES ABOVE.

SIGNATURE

DATE

FOR OFFICE USE ONLY

Cash _____ Check _____ Check # _____ Total _____
Receipt No. _____ Date _____ Initials _____