

Town of Blountsville Recreation League

Sports Registration Form

Sport (Check one box only)	Cheerleading <input type="checkbox"/>	Football <input type="checkbox"/>
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Player's Name _____
Last Name First Name Middle Initial

Address _____
Street City State Zip

Player's D.O.B. ____/____/____ Age: _____ Male Female Phone: _____

School Attending _____ Grade _____

Parent/Guardian Information

Father/Guardian Name _____ Home Phone _____
Last Name First Name

E-mail: _____ Work or Cell Phone _____

Mother/Guardian Name _____ Home Phone _____
Last Name First Name

E-mail: _____ Work or Cell Phone _____

Volunteer Information:

Parents, if you are interested in volunteering your time and energy to assist in the following areas please check appropriate box(es).

Head Coach Assistant Coach Team Mother Score Keeper

Medical / Emergency Contacts

Medical Insurance Carrier _____

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?

If yes, please state problems here: _____

Emergency Contact: Name _____ Phone _____

Address _____
Street City State Zip

Relationship to player: _____

IDO want to participate in fundraising to offset, my football/cheerleading registration fees.

IDO NOT want to participate in fundraising to offset, my football/cheerleading registration fees.

Waiver/Disclaimer:

I, the parent /guardian of the individual named on this registration form, 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 Blountsville Park & Recreation Department Sports Program, I hereby release, discharge, and hold harmless the Town of Blountsville, its volunteers and all other representatives of the Town from any claims arising 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 and equipment in the same condition as received, with the exception of any wear experienced through normal use. The insurance provided by each program is a secondary policy when you have any other medical or accident insurance, but will be treated as primary coverage if the above individual is not otherwise covered. Monies 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 acknowledge receipt of program rules attached.

Parent or Guardian

Date