

Town of Blountsville Recreation League Sports Registration Form

Sport (Check one box only) T-Ball <input type="checkbox"/> Baseball <input type="checkbox"/> Softball <input type="checkbox"/> Football <input type="checkbox"/> Cheerleading <input type="checkbox"/>				
Players Name _____ <small style="display: flex; justify-content: space-between; width: 100%;"> Last Name First Name Middle Initial </small>				
Players Address _____ <small style="display: flex; justify-content: space-between; width: 100%;"> Street City State Zip </small>				
Players D.O. B.	____/____/____ <small>Month ' Day ' Year</small>	SS# - _____	Male <input type="checkbox"/>	Female <input type="checkbox"/> Phone- _____
School Attending - _____				
Parent/Guardian Information		Child resides with - _____		
Father/Guardian Name _____ <small style="display: flex; justify-content: space-between; width: 100%;"> Last Name First Name </small>		Home Phone _____		
Employer _____		Occupation _____		Work Phone - _____
Mother/Guardian Name _____ <small style="display: flex; justify-content: space-between; width: 100%;"> Last Name First Name </small>		Home Phone- _____		
Employer _____		Occupation _____		Work 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 <input type="checkbox"/>	Asst. Coach <input type="checkbox"/>	Concessions <input type="checkbox"/>	Team Mother <input type="checkbox"/>	Referee/Umpire <input type="checkbox"/> Score-keeper <input type="checkbox"/>
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? Yes <input type="checkbox"/> No <input type="checkbox"/>				
If yes, please state problems here- _____				
If you wish your family doctor contacted in case of emergency please list name and phone number:				
Physicians Name _____			Phone- _____	
Emergency Contact Name _____			Phone _____	
Address _____ <small style="display: flex; justify-content: space-between; width: 100%;"> Street City State Zip </small>			Relationship _____	

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 Blountsville Park & Recreation Department Sports Program, I here 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/Guardian Signature - _____ Date _____