Ashville Parks and Recreation

Registration Form

Players Name _____ Sex: M ☐ F ☐
First Middle Last
(Please circle the name the child wishes to be called) or add nickname _____

Address_____City_____State_____Zip Code_____

DOB _____Age_____ Jersey # 1st choice_____2nd_____3rd_____

Email Address(s):_____

Primary Parent Name _____
First MI Last
Home Phone _____ Work Phone _____Cell Phone_____

Parent Name _____
First MI Last
Home Phone _____ Work Phone _____Cell Phone_____

Please indicate any special circumstances in the home ☐ If so, please explain on the back of this form.

Would you be interested in Coaching? Yes ☐ No ☐

FOR MEDICAL TREATMENT (MINOR)

As a parent or legal guardian of the above named player, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

Allergies:_____
_____
_____

_____
Signature of Parent/Guardian

I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of the Ashville Parks and Recreation Department. Recognizing the possibility of physical injury associated with athletics and in consideration for the Ashville Parks and Recreation accepting the registrant injury associated with Sports Programs and activities. I hereby release, discharge and /or otherwise indemnify the league, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of the facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the programs and /or being transported to or from the same, which transportation I hereby authorize.

Parent/Legal Guardian (**Please Print)** _____

Signature _____ Date_____

REGISTRATION FEE MUST BE PAID TO COMPLETE REGISTRATION

FOR OFFICE USE ONLY

League: _____ PAID: Cash/ Check # _____ Receipt# _____ R'cvd by: _____

Official Registration Date and Time: _____