



DECATUR PARKS & RECREATION

DATE _____ FEE \$40.00
MIXED (BOYS 5,6 GIRLS 5,6,7) FEE \$20.00

RECEIPT NO. _____ BY _____

BIRTH CERT. CHECKED BY _____

AGE DIVISION _____

AGE _____ BOYS _____ GIRLS _____
 (as of Sept. 1, 2009)

**YOUTH SPORTS REGISTRATION
(PLEASE PRINT ALL INFORMATION)**

NAME: _____ AGE: _____ HEIGHT: _____

MAILING ADDRESS: _____ ZIP _____

BIRTH DATE: _____ YEARS PLAYED CITY LEAGUE _____ YEARS PLAYED OTHER _____

DAYTIME PHONE: _____ EVENING PHONE _____

CELL PHONE _____ EMAIL ADDRESS: _____

PARTICIPANT RELEASE

We, the parents of the above boy/girl, hereby give our approval for his/her participation in the above named activity during the current season. We assume all risks and hazards incidental to the conduct of the activities and transportation to and from the activities. We do hereby release, absolve and hold harmless the Decatur Parks and Recreation Department, the organizers of the activity, sponsors and anyone connected with the program. In case of injury to my son/daughter, I hereby waive all claims against the organizers and supervisors of the activity. We likewise release from responsibility any person transporting our son/daughter to or from the activities.

PRINTED NAME OF PARENT OR GUARDIAN: _____

SIGNATURE OF PARENT OR GUARDIAN: _____

DATE SIGNED _____

Please indicate if your child has any of the following medical problems so we can be of assistance in case of emergency:

_____ ***Asthma***

_____ ***Epilepsy or seizures***

_____ ***Heart Problems***

_____ ***Diabetes***

_____ ***Allergies***

_____ ***Other (Please explain)***

Would you like to coach?

Do you know someone who would?

Y _____ N _____

Name _____ Phone # _____