

**Grant Park & Recreation
2018-19 Sports Registration Form**

Sports of Interest: All <input type="checkbox"/>		Basketball <input type="checkbox"/>	Soccer <input type="checkbox"/>	Baseball/Softball <input type="checkbox"/>	Volleyball <input type="checkbox"/>	Rec+ Sports <input type="checkbox"/>
Participant Information						
Player's Full Name: _____			Preferred/Nickname: _____			
Player's Address: _____						
Player's Age: _____		Player's D.O.B.: _____		Female <input type="checkbox"/>	Male <input type="checkbox"/>	
Parent/Guardian Information						
Father/Guardian Name: _____			Home Phone: _____			
Email: _____			Cell Phone: _____			
Mother/Guardian Name: _____			Home Phone: _____			
Email: _____			Cell Phone: _____			
Volunteer Information Parents, if you are interested in volunteering your time and energy to assist in the following area please check appropriate box(es). Head Coach <input type="checkbox"/> Asst. Coach <input type="checkbox"/> Team Mom <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: _____ _____						
Emergency Contact Name: _____			Relationship: _____			
Address: _____			Phone: _____			
<i>If you wish your family doctor contacted in case of emergency, please list name and phone number:</i>						
Physician's Name: _____			Phone: _____			

Waiver/Disclaimer I, the parent/guardian of the above-mentioned individual, acknowledge that participation in 2018-19 athletic sports/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 Grant Park & Recreation Department Sports Program, I here release, discharge and hold harmless the Town of Grant, it's volunteers and all other representatives of the Town from any claims arising out of or relating to any injury that may result to said individual during any Park & Recreation Department sponsored event, including any injuries caused by the negligence of any official, referee, coach, Park & Recreation Department volunteer or representative while performing his/her duties during any practices, games or transporting of individuals to and from Park & Recreation events or practices. I further agree to return, upon request, all program supplies equipment in the same condition as received, with exception of any wear experienced through normal use. *I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND IT'S TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.*

Print Name: _____

Parent/Guardian Signature: _____ Date: _____