

**Guntersville Park & Recreation Dept.**

**Sports Registration Form**

**Sport** (Check one box only) Basketball  Baseball  Softball  Swim Team  Soccer  Other

**Participant Information**

Players Name \_\_\_\_\_  
Last Name First Name Middle Initial

Players Address \_\_\_\_\_  
Street City State Zip

Players D.O. B. \_\_\_\_/\_\_\_\_/\_\_\_\_ SS# \_\_\_\_\_ Male  Female  Phone \_\_\_\_\_  
Month Day Year

School Attending \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Pants Size \_\_\_\_\_ Shirt \_\_\_\_\_

**Parent/Guardian Information**

Child resides with \_\_\_\_\_

Father/Guardian Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Last Name First Name

Email \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother/Guardian Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Last Name First Name

Email \_\_\_\_\_ 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  Asst. Coach  Concessions  Team Mother  Referee/Umpire  Score-keeper   
 Lane/Stroke Judge  Timer  Other

**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  No

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 \_\_\_\_\_ Relationship \_\_\_\_\_  
Street City State Zip

**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 Guntersville Park & Recreation Department Sports Program, I here release, discharge and hold harmless the City of Guntersville, its volunteers and all other representatives of the City from any claims arising out 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 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. Moneys 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 acknowledged receipt of program rules printed on the reverse side of this form**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_