

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 _____