

# Registration Form

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Gender \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell \_\_\_\_\_

Would you be willing to coach your child's team? Yes No

Email : \_\_\_\_\_

Participant Information Notes (if any) \_\_\_\_\_

If applicable, circle **ONE** night your child **CANNOT** practice: MON TUES WED THUR

Father/Guardian \_\_\_\_\_ Phone \_\_\_\_\_

Mother/Guardian \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Shirt/Jersey Sizing Circle ONE:

Youth S Youth M Youth L Adult S Adult M Adult L Adult XL Adult 2X

**My child is fit for participation in the event described above and I consent to my child's participation. I have read and I understand the release and indemnification set forth above. In consideration of allowing my child to participate in the event, I consent to it and agree that the terms of the release and indemnification shall likewise bind me, my child, my heirs, legal representatives and assignees. I hereby release, discharge, and shall defend, indemnify and hold harmless the released parties from every claim and any liability that I or my child may allege against the release parties (including reasonable attorney's fees or costs) as a direct or indirect result of injury to me or my child because of my child's participation in the event, whether caused by the negligence of the release parties or others.**

Signature of Parent or Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

I hereby give permission to Asheville Parks & Recreation to secure emergency medical, dental, and/or emergency surgical treatment, and to provide emergency transportation for the above named minor child while in care. Non-emergency medical treatment or elective surgery is not included in this authorization.

Hospital Preference: \_\_\_\_\_