

STONEVILLE RECREATION SPORTS REGISTRATION FORM

101 SMITH ST.

STONEVILLE, NC 27048

(336) 573-9393

PLEASE FILL OUT THIS FORM COMPLETELY

Sports Director: Jackie Blackard 1-276-358-2080

WEBSITE: WWW.TOWN.STONEVILLE.NC.US

PARTICIPANT INFORMATION:

NAME: BIRTHDATE: Age:

ADDRESS: CITY/STATE/ZIP

PHONE: INSURANCE CO:

MALE/FEMALE: HEIGHT: WEIGHT: SCHOOL: GRADE:

PARTICIPANTS DOCTOR: PHONE:

PARTICIPANTS DENTIST: PHONE:

IS PARTICIPANT ON MEDICATION Y / N EXPLAIN:

INDICATE ANY HEALTH CONDITIONS OF PARTICIPANT:

PLEASE CIRCLE SIZE: C= CHILD (XS=2/3 S=4/6 M=7/9 L=10/12 XL=14/16) Y= YOUTH A= ADULT

TOP: CXS CS CM CL CXL YXS YS YM YL YXL AS AM AL AXL

BOTTOM: CXS CS CM CL CXL YXS YS YM YL YXL AS AM AL AXL

PARENTS AND EMERGENCY INFORMATION:

MOTHER'S NAME: EMPLOYER:

HOME PHONE: WORK PHONE:

FATHER'S NAME: EMPLOYER:

HOME PHONE: WORK PHONE:

CONTACT OTHER THAN PARENTS IN CASE OF EMERGENCY:

NAME: HOME #: WORK #:

*I WOULD LIKE TO COACH-NAME: PHONE:

AGE GROUP: CHILD AFFILIATED WITH:

The Town of Stoneville is an Equal Opportunity Employer

AGREEMENT:

I, THE UNDERSIGNED PARENT/GUARDIAN, HEREBY CERTIFY THAT I ASSUME ALL RISK(S) AND HAZARDS INCIDENTAL TO THE CONDUCT OF THIS PROGRAM AND FOR THE TRANSPORTATION TO AND FROM THE PROGRAM. IN THE EVENT THAT I CANNOT BE REACHED TO MAKE ARRANGEMENTS FOR EMERGENCY MEDICAL ATTENTION AT THE TIME OF THE ILLNESS OR ACCIDENT, I HEREBY AUTHORIZE THE PHYSICIAN SELECTED BY THE STONEVILLE LEADERSHIP STAFF AND OTHERS TO SECURE PROPER TREATMENT DEEMED NECESSARY INCLUDING TRANSPORTATION TO THE NEAREST MEDICAL FACILITY.

TODAY'S DATE:

SIGNATURE OF PARENT/LEGAL GUARDIAN

E-MAIL:

TEXT MESSAGE #:

CIRCLE ONE:

SOCCER-3 TO 9-\$40.00

CHEERLEADING- 3 TO 12-\$40.00

BASKETBALL- 4+-\$40.00

VOLLEYBALL- 7+-\$40.00

T-BALL/COACH PITCH-4 TO 7-\$50.00

BASEBALL/COACH PITCH-8 TO 10-\$50.00

ADULT VOLLEYBALL-\$65.00 PER TEAM

ADULT BASKETBALL-\$20.00 PER PLAYER

KICKBALL-\$60.00

KICKBALL-\$100.00 PER TEAM

NO REFUNDS

MAKE CHECKS PAYABLE TO: TOWN OF STONEVILLE

I WOULD LIKE TO APPLY FOR SCHOLARSHIP

OVER ->

TOWN OF STONEVILLE PARKS AND RECREATION

Photo and Video Consent and Release Form

_____ I hereby authorize *The Town of Stoneville Parks and Recreation* to publish any photographs and videos taken of me and/or the undersigned minor children, as well as our names, for use on any printed publications, website publication, and outreach purposes.

_____ I release *The Town of Stoneville Parks and Recreation* from any expectation of confidentiality for the undersigned minor children and myself.

_____ I hereby attest that I am the parent/legal guardian of the child/children listed below and that I have the authority to authorize *The Town of Stoneville Parks and Recreation* to use their photographs, videos and names.

_____ I acknowledge that since participation in publications and websites produced by *The Town of Stoneville Parks and Recreation* is voluntary, neither the minor children nor I will receive financial compensation.

_____ I further agree that participation in any publication and website produced by *The Town of Stoneville Parks and Recreation* confers no rights of ownership whatsoever. I release *The Town of Stoneville Parks and Recreation*, its contractors, and its employees from liability for any claims by me or any third party in connection with my participation or the participation of the undersigned minor children.

Signature: _____ Date: _____

Relationship (*Mother, Father, Legal Guardian*): _____

Street Address: _____

City, State, Zip code: _____

Names and Ages of Minor Children:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____