

STONEVILLE RECREATION SPORTS REGISTRATION FORM

101 SMITH ST.
STONEVILLE, NC 27048
(336) 573-9393

Please Fill Out This Form Completely

Sports Director: Jackie Blackard: (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: _____

ALLERGIES: _____ HEART DISEASE: _____ PHYSICAL DISORDER: _____

DIABETICS: _____ KIDNEY DISEASE: _____ EMOTIONAL DISEASE: _____

EPILEPSY: _____ LEARNING DISABILITY: _____ HYPERACTIVITY: _____

OTHER: _____

PLEASE CHECK SIZE: Y= YOUTH A=ADULT

____YS ____YM ____YL ____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 #: _____

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: _____

CIRCLE ONE:

T-BALL AGES 4+----\$40.00

BASEBALL----\$40.00

SOFTBALL----\$40.00

BASKETBALL 4+----\$40.00

SOCCER-----\$40.00

VOLLEYBALL 7+----\$40.00

ADULT VOLLEYBALL --- \$65.00 PER TEAM

ADULT BASKETBALL - \$60.00

NO REFUNDS

MAKE CHECKS PAYABLE TO: *TOWN OF STONEVILLE*

_____ I WOULD LIKE TO APPLY FOR SCHOLARSHIP