



**STEPHENVILLE PARKS & RECREATION DEPARTMENT
REGISTRATION INFORMATION FORM**

DATE _____ LEAGUE / ACTIVITY _____

NAME _____ (Male / Female)
(First) (Last)

ADDRESS _____ CITY _____ ZIP _____

PHONE
HM _____ Cell _____ Do you agree to receive texts: Y or N
Cell Phone Carrier _____

BIRTHDAY _____ AGE _____ GRADE _____

EMAIL _____ School _____

SHIRT SIZE: _____ PANT SIZE: _____
YS YM YL AS AM AL AXL AXXL YS YM YL AS AM AL AXL AXXL

Would you be willing to volunteer as a coach? [] YES [] NO

I, the parent or guardian of the above-listed player, a minor, AGREE that we will abide by the rules of SPARD (Stephenville Parks and Recreation Department) and sponsors. Recognizing the possibility of physical injury associated with athletic programs and activities, I hereby release, discharge and/ or otherwise indemnify SPARD, City of Stephenville, employees and sponsors against any claims by or on behalf of the above listed player as a result of any injury to my child whether the result of negligence or for any other cause through participation in the program and/or being transported to or from the same, which transportation I hereby authorize. As a parent or legal guardian of the above-listed player, I hereby give consent for emergency medical care prescribed by a duly licensed doctor of medicine or dentistry. This care may be given under whatever conditions are necessary to preserve life, limb or well being of the above-listed player.

1. I permit the above listed child to participate in SPARD activities, including transportation to and from the activities if needed.
2. I agree to furnish a copy of the above-listed child's birth certificate to SPARD upon request.
3. I agree to obey all of the rules and follow all safety procedures involved with this program established by SPARD.
4. I certify to the best of my knowledge that my child's current physical condition is satisfactory for participation in the SPARD activities and that my child is free of any health problems that would endanger his/her participation or that of any other child in the program. I will inform the SPARD Staff should his/her condition change at any time during his/her participation in this program.
5. I agree that SPARD may photograph, or videotape my child while participating in SPARD-sponsored events and activities. Further, SPARD retains the rights to use these visual images in any manner without compensation to my child or me. SPARD may use, and license others to use, my child's name, voice, likeness, and any biographical facts which have been provided to you, including advertising and promoting SPARD – sponsored events and activities.

PARENT or GUARDIAN SIGNATURE _____
Approved by _____ Ck # _____ Cash _____