**REGISTRATION & RELEASE FORM**

***PLEASE PRINT CLEARLY***

# Participants Name:

Physical Address: Mailing Address:

City: State: \_\_\_\_\_\_\_ Zip Code:

Phone Number: Alternate Number:

Parent’s Name:

Participants Date of Birth: Age:

Program:

**PARENTS REQUESTS TO PUT PLAYERS ON CERTAIN TEAMS ARE NOT GUARANTEED.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Shirt Size (Circle one): YS YM | YL AS AM | AL | AXL | AXXL |
| Gender (Circle one): MALE | FEMALE |  |  |  |

Are you willing to coach? (Circle one): Yes / No

**STATEMENT OF RELEASE**:

With full knowledge of the recreational program sponsored by the City of Dillon through its Recreation Department; we the undersigned by this agreement, release the City from any and all claims for any injuries received while the above named applicant is engaged in the participation of the above named activity.

We do fully release the City and its Recreation Department, employees and the coaches from all claims arising while in the participation of these activities (including transportation to and from these activities)

PARENT/GUARDIAN

Signature Date