

# TALLAPOOSA PARKS & RECREATION DEPARTMENT PLAYER REGISTRATION FORM

**SPORT/ACTIVITY:** \_\_\_\_\_

Player's Name	<input type="text"/>	<input type="text"/>
	<b>Last Name</b>	<b>First Name</b>
Address	<input type="text"/>	City <input type="text"/>
Zip Code <input type="text"/>	Main Phone <input type="text"/> - <input type="text"/> - <input type="text"/>	Birth Date <input type="text"/> - <input type="text"/> - <input type="text"/>
		MM      DD      YYYY
<b>Parent's/Guardian's E-Mail:</b> _____	Male <input type="checkbox"/>	*Female <input type="checkbox"/> ▶ <b>Playing Coed</b> <input type="checkbox"/>

(Circle one) I live inside the city limits of Tallapoosa:    Yes      No

### Additional Player Information

School	Grade	Practice Preference - Please indicate the night(s) you <b>cannot</b> practice
Other Children In League	Age of other children	

**Team/Coach Preference:** There will be no guarantees that your child will be placed on the requested team/coach.

Any physical and/or allergy problem we should know about?

<u>Uniform Size:</u>	Jersey: XS YS YM YL AS AM AL AXL	Socks
Youth/Adult	Pants: XS YS YM YL AS AM AL AXL	Circle One -
		Youth      Adult

### Parent-Guardian Information

Father's / Guardian's Name:	Phone:
Mother's / Guardian's Name:	Phone:

IN CASE OF AN EMERGENCY AND PARENTS/GUARDIANS CAN NOT BE LOCATED, CONTACT THE FOLLOWING:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Release:** There is, by participation in recreational activities a risk of injury, and by signing this waiver release form you are hereby acknowledging this risk. You are waiving your right to take legal action against the City of Tallapoosa, the Tallapoosa Recreation Department, or any of the employees or volunteers working within our organization for liability should you or your child incur an injury.

**Participation:** I hereby give permission for the above minor to participate in the above programs. **Transportation:** I am aware that participation in some programs requires transportation to and from various places. I hereby give permission for the above minor to be in transportation by department staff and volunteers. **Consent of treatment:** I authorize a such physician or medical staff at the TPRD may designate to carry out minor medical or surgical treatment and/or medication necessary to take my child to the emergency room of the nearest hospital, and I further authorize the hospital and its medical staff to provide treatment deemed necessary by them for the well-being of my child. It is understood; however, that if hospitalization or treatment of a more serious nature is required, I will be contacted, if possible, by telephone for permission. The physician, organizers, directors, agents, or employees of TPRD are hereby released, acquitted, and discharge from any claim for damage or suit by any program, and in that regard, I hereby covenant that on my behalf and for the minor does not file a claim or bring suit with respect to any such injury or damage. I, the undersigned am a parent/guardian of the above specific minor. I have read and fully understand the provisions of the above releases and have explained them to say minor. I hereby agree that I and said minor will be bound thereby.

Parent/Guardian  
Signature

Date

\_\_\_\_\_

**For Office Use Only**

Registration Fee Received	Check	Cash	Check #	Amount
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