Madison County
Rural Recreation

Sports Registration Form

Sport (Check one box only) Basketball ☐ Baseball ☐ Softball ☐ Soccer ☐

Participant Information (Previous years played ___ Previous Division _____ League _____ Coach_____

Players Name _____
Last Name First Name Middle Initial

Players Address _____
Street City State Zip

Players D.O.B. ____/____/____ Male ☐ Female ☐ Phone _____
Mth / Day / Year

School Attending_____

Parent/Guardian Information Email Address _____

Father/Guardian Name _____ Home Phone _____
Last Name First Name

Employer _____ Occupation _____ Work Phone _____

Mother/Guardian Name _____ Home Phone _____
Last Name First Name

Employer _____ Occupation _____ Work Phone _____

Volunteer Information Parents, if you are interested in volunteering your time and energy to assist in the following areas please check appropriate box(es).

Head Coach ☐ Asst. Coach ☐ Concessions ☐ Fund Raising ☐ Park/Facilities Maintenance ☐ Field Preparations ☐

Grass Cutting ☐ Trash Collection ☐ Bathroom Cleaning ☐ Committee of Management ☐

Medical / Emergency Contacts Medical Insurance Carrier _____

Does the player have any disabilities, handicaps, present injuries or limitations, allergies, hemophilia, heart condition, history of respiratory illness, or any other significant medical condition? Yes ☐ No ☐

If yes, please state problems here _____

_____

If you wish your family doctor contacted in case of emergency please list name and phone number :

Physicians Name _____ Phone _____

Emergency Contact Name _____ Phone _____
Last Name First Name

Address _____ Relationship _____
Street City State Zip

Waiver / Disclaimer I, the parent/guardian of the above mentioned individual, acknowledge that participation in athletic events involves risk of physical injuries. In consideration for accepting the registration of the above named individual and permitting the voluntary participation of said individual in a Madison County Rural Recreation (MCRR) Sports Program, I hereby release discharge and hold harmless the MCRR, its volunteers and all other representatives of this association from any claims arising out of or relating to any injury that may result to said individual during any MCRR sponsored event . including any injuries caused by the negligence of any official, referee, coach, MCRR volunteer or representative while performing his/her duties during any practices, games or transporting of individuals to and from MCRR events or practices. I further agree to return, upon request, all program supplied equipment in the same condition as received, with exception of any wear experienced through normal use. The insurance provided by each program is a secondary policy when you have any other medical or accident insurance, but will be treated as primary coverage if the above individual is not otherwise covered. Moneys paid at registration will not be refunded unless individual does not meet the qualifications of the program(s) he/she is registering for.

For official use only

Participation Fee $ _____ Check No. _____

Late Fee $ _____

Fundraising Fee $ _____ Cash ☐

Total Due $ _____

Initials _____

Parent/Guardian Signature _____ Date _____