

RUSSELLVILLE PARKS & RECREATION DEPARTMENT

***SPORT_____

AGE GROUP: (circle one) -- Biddy Body (ages 3-5) 8 & under 10 & under 12 & under

PLAYER INFORMATION:

DATE OF BIRTH:_____AGE:_____

PLEASE CIRCLE - BOY or GIRL

NAME OF PLAYER_____

ADDRESS_____

SPECIAL HEALTH NEEDS_____

PLAYER SHIRT SIZE:

* YOUTH * XS SM MD LG

* ADULT * SM MD LG XL

PARENT or GUARDIAN INFORMATION:

NAME_____

INTERESTED IN COACHING? Yes or No (please circle)

PHONE NUMBER_____

EMERGENCY CONTACT NUMBER_____

*** I HEREBY GIVE MY PERMISSION FOR MY CHILD TO PARTICIPATE IN THE SPORT LISTED ABOVE, AND I WILL NOT HOLD THE RUSSELLVILLE PARKS AND RECREATION DEPARTMENT, THE CITY OF RUSSELLVILLE, OR ANY OF ITS EMPLOYEES RESPONSIBLE IN CASE OF SICKNESS OR ACCIDENT. *** BY SIGNING THIS FORM I AM GIVING PERMISSION FOR MY CHILD'S PICTURE TO POSSIBLY BE USED ON RUSSELLVILLE PARKS AND RECREATION'S SOCIAL MEDIA ACCOUNTS AND/OR WEBSITE. THEIR NAME WILL NOT BE POSTED WITH THEIR PICTURE. ***

Parent/Guardian Signature_____

Date_____

OFFICE USE ONLY:

Receipt # _____ Fee _____ Check# _____

Received by:_____

