

BUSH RECREATION DISTRICT #2 SPORTS REGISTRATION

PLEASE PRINT & FILL OUT IN FULL SO THAT IT IS LEGIBLE.

PROGRAM (**CIRCLE ONE**):

T-BALL BASEBALL SOFTBALL SOCCER
FOOTBALL CHEER BASKETBALL

ATHLETE'S NAME: _____

BIRTH DATE: _____ AGE: _____ SEX _____

PHYSICAL ADDRESS: _____

 STREET CITY STATE ZIP
HOME PHONE#: _____ WITH WHOM DOES THE CHILD RESIDE: _____

FATHER NAME: _____ EMAIL: _____

CELL# _____

MOTHER NAME: _____ EMAIL: _____

CELL# _____

STEPFATHER NAME: _____ EMAIL: _____

CELL# _____

STEPMOTHER NAME: _____ EMAIL: _____

CELL# _____

ANY MEDICAL PROBLEMS OR LIMITATIONS? *YES _____

NO _____

***IF YES, PLEASE EXPLAIN** _____

SHIRT SIZE (**CIRCLE ONE**):

YOUTH: X-SMALL SMALL MEDIUM
 LARGE
ADULT: SMALL MEDIUM LARGE
X-LARGE

SHORT OR PANT SIZE (**CIRCLE ONE**):

YOUTH: X-SMALL SMALL MEDIUM
 LARGE

ADULT: SMALL MEDIUM LARGE
X-LARGE

JERSEY# _____ **IF NOT AVAILABLE SECOND CHOICE** _____

WE WELCOME AND ENCOURAGE PARENTAL PARTICIPATION TO ENHANCE THE QUALITY OF YOUR CHILD'S EXPERIENCE. PLEASE INDICATE BELOW IN WHICH OF THE FOLLOWING AREAS YOU WOULD BE ABLE TO CONTRIBUTE YOUR TIME:

SPONSOR: _____ COACH: _____ ASST. _____
COACH _____

I GIVE MY SON/DAUGHTER PERMISSION TO PARTICIPATE IN THE ST. TAMMANY RECREATION DISTRICT #2 SPORTS PROGRAM. I UNDERSTAND HE/SHE WILL BE COVERED BY A SECONDARY INSURANCE POLICY MANDATORY THROUGH THE LEAGUE. I, THE UNDERSIGNED, PARENT OR GUARDIAN OF THE HEREIN REGISTERED CHILD DO HOLD HARMLESS THE ST. TAMMANY RECREATION DISTRICT #2 OWNERS OF THE PROPERTY USED GOT RECREATIONAL SPORTS, ITS OFFICERS, DIRECTORS, COACHES, REFEREES AND OTHER APPOINTED BY OR ACTING FOR SUCH ORGANIZATION, FOR ANY INJURIES SUSTAINED BY THE HEREIN REGISTERED CHILD AS A RESULT OF ANY PRACTICE, COMPETITION OR TRAVEL TO AND FROM SUCH PRACTICES OR COMPETITION, HURT OR DAMAGE SUSTAINED BY THE REGISTERED ATHLETE AS A RESULT OF HIS/HER PARTICIPATION IN THE ST. TAMMANY DISTRICT #2 SPORTS PROGRAM. I ALSO UNDERSTAND THAT ANY FALSE OR INACCURATE INFORMATION WOULD JEOPARDIZE NOT ONLY MY CHILD'S PLAYING STATUS BUT ALSO THAT OF THE TEAM INVOLVED. IN THE EVENT OF AN ACCIDENT OR INJURY TO MY CHILD, I GIVE PERMISSION TO THE ST. TAMMANY DISTRICT #2 STAFF OR ANY OF ITS COACHES TO SEEK MEDICAL EMERGENCY TREATMENT FOR MY CHILD AT THE EMERGENCY ROOM OF ANY MAJOR HOSPITAL. I UNDERSTAND THE NEED FOR ME TO TAKE AN ACTIVE ROLE AND VOLUNTEER MY TIME. I ALSO CONSENT TO ST. TAMMANY RECREATION DISTRICT #2 USE OF ANY PHOTOGRAPHS TAKEN OF THE PROGRAM.

SIGNED: _____ DATE: _____

OFFICE USE ONLY

Registration Fee: \$ _____ Check # _____ Cash: _____ Accepted
By: _____
Other: _____ Payment Verified By: _____
Birth Certificate: _____ Multiple
Children: _____
Other: _____