



# Ayden Arts and Recreation Department

4354 Lee St., Ayden, NC 28513 (252) 481-5837/ (252) 481-5838

## ATHLETIC PARTICIPATION FORM

_____	Paid
_____	Date
_____	Staff
_____	Computer

### Please Print

Sport: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Player's Name: \_\_\_\_\_ Gender: (Male) (Female)

Parent's/ Guardians Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone Carrier: \_\_\_\_\_

Is there a sibling participating in the same league or age group? (YES) (NO)

If YES, Please List the Sibling's Name & Age: \_\_\_\_\_

T-shirt Size (Circle one below) Y=Youth A = Adult

Y-XS Y-S Y-M Y-L A-S A-M A-L A-XL A-2XL Jersey Number: \_\_\_\_\_

Would you or your Spouse be interested in Coaching? (YES) or (NO)

Person Interested in Coaching: \_\_\_\_\_ Phone: \_\_\_\_\_

### MEDICAL/EMERGENCY INFORMATION

Emergency Contact other than Parent: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

Allergies or other medical conditions: \_\_\_\_\_

I hereby pledge to provide positive support and care for my child participating in youth sports by encouraging and demonstrating good sportsmanship for all players, coaches, and officials at every game, practice and youth sports events. I will ask my child to treat other players, coaches, fans, and officials with respect regardless of race, sex, creed, or ability.

**Photography Waiver:** Pictures may be taken of my child while participating in Town activities and may be used for program publicity. If you do not concur please contact the Arts and Recreation Department.

**Release and Indemnity Agreement:** I understand that participating in the recreational program selected involves risk of injury. These risks include inclement weather, accidents while traveling, equipment problems or failures, contacts with actions of other participants, slips/trips/falls, and musculoskeletal injuries, among others. I choose for myself or for my child to participate in the selected programs desire the risks. By signing the registration form, I acknowledge all risks of injury, illness and death and affirm that I have assumed all responsibility of injury, illness or death in any way connected with participation in the program. I also agree for myself and for any child participant to follow all rules and procedures for the program and to follow reasonable instructions of the teachers and supervisors of the program.

In return for the opportunity to participate in this program, I agree for myself and for my heirs, assigns, executors and administrators to release, waive and discharge any legal rights I may have to seek payment or relief of any kind from the Town, its employees or its agents for injury, illness or death resulting from this program. If I am registering a child for a program, I agree that I am a parent, legal guardian, or am otherwise responsible for the child whose application I am submitting and that I release, waive, and discharge any legal rights that I may request on behalf of the child participation in the program. I also agree not to sue the Town, its employees or its agents and agree to indemnify the Town for all claims, damages, losses, or expenses, including attorney's fees, if a suit is filed concerning an injury, illness or death to me or my child resulting from participation in the program.

Parent's/ Guardians Signature: \_\_\_\_\_ Date: \_\_\_\_\_