



Town of Farmville Recreation Department Adult Sports Registration Form



Team Information

Team Name: _____ League: _____ Season: _____

Team Representative's Name: _____ Phone Number: _____

Player Information

Player's Full Name: _____ Nickname: _____

___ Male or ___ Female Birth Date (MM/DD/YY): _____ Phone Number: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Email: _____

Any Medical Conditions, Allergies, ETC: _____

Emergency Contact Information

Name: _____ Relationship to Player: _____

Home Phone: _____ Alternate Phone: _____

Recreation Instant Alert System:

The Recreation Department uses the Honeywell Instant Alert System to notify recreation participants of upcoming events, program cancellations, and event rain-outs. Participants can choose how they wish to be contacted either by email, Phone's Voicemail, or Cell-Phone Text message. Please check the way you wish to be contacted

E-Mail _____ Phone-Voice Mail _____ or Cell-Phone Text Message _____

Recreation Scholarship Fund:

Yes, I would like to contribute ___ \$1.00, ___ \$2.00 ___ \$5.00 or other \$ _____ to the Recreation scholarship fund. This fund allows children from the Town of Farmville to attend recreational programs in our Town who financially may not be able to participate. Thank you for your donation!

Participant Agreement

For the safety of yourself and other patrons please follow all dress codes and rules for the sport you are participating in. Please respect officials, coaches, and other participants. Any player or patron displaying unsportsmanlike behavior may be removed from the game, and/or the premises, at the official's discretion.

WAIVER: In participating in Recreation Programs, sponsored by The Town of Farmville, I hereby acknowledge that I understand that there are risks of accidents resulting in bodily harm to me arising out of those activities. I understand that Recreation activities are planned with the safety of the participants in mind. I further acknowledge that I have the physical capacity reasonably necessary to engage in Recreation activity for which I have enrolled. In case of emergency, accident or illness, I give my permission to be treated by a professional medical person and admitted to a hospital if necessary. I agree to be the party responsible for all medical expenses which are incurred in my behalf. It is understood and agreed that the Town, it's Mayor, Town Council, Board members, employees, volunteers and agents shall be held harmless against all claims, damages, loss or expenses including attorney's fees arising out of or resulting from my participation in recreation programs. I agree pictures taken may be used for future Town of Farmville promotions.

_____ ** I have read the above waiver and understand the contents**

SIGNATURE

Date

OFFICE USE Only: Cash ___ Check # _____ Amount Paid _____ DATE: _____

