



Youth Sports Registration Form

A copy of the player's Birth Certificate must be submitted with this form.

Player's Full Name as appears on Birth Certificate: _____

Nickname: _____ Male ___ or Female ___ Age: _____ Birth Date: _____

Parents or Guardians: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Physician: _____ Physician Phone: _____

Any Medical Conditions, Allergies, ETC: _____

***Please inform the coach of these conditions prior to the first practice**

Sport: _____ Season: _____ Fee: _____

Sport Fees: \$35.00 Youth Football & Cheerleading
 \$55.00 Youth Basketball
 \$75.00 Boy's Lacrosse
 \$75.00 Girl's Lacrosse

Uniform Size: Youth Extra Small Youth Small
 Youth Medium Youth Large
 Adult Small Adult Medium
 Adult Large Adult X-Large
 Other Size: _____

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. Please include this with your payment. Thank you for your donation!

Parent/Guardian Participation:

I/We understand that Recreation Department conducts fund raising and volunteering activities in addition to the registration fee and that each player/parent is strongly encouraged and expected to participate. I/We are willing to participate in the following activities for the Farmville Recreation Department's Youth Sports Programs.

Check all that apply:

<input type="checkbox"/> Coach	<input type="checkbox"/> Fund Raise	<input type="checkbox"/> Concessions	<input type="checkbox"/> Maintain Fields	<input type="checkbox"/> Gate Attendant	<input type="checkbox"/> Assist Officials
--------------------------------	-------------------------------------	--------------------------------------	--	---	---

Consent/Waiver Agreement:

I/We consent to our child participating in the Farmville Recreation Department Programs. In participating in Recreation Programs, sponsored by The Town of Farmville, I hereby acknowledge that I/We understand that there are risks of accidents resulting in bodily harm arising out of those activities. I/We understand that Recreation activities are planned with the safety of the participants in mind. In case of emergency, accident or illness, if I/We am not present I/We hereby give our permission for the coach or representative of the Recreation Department to obtain any required medical attention my child may need. I/We will notify the coach of any physical limitations (allergies, hearing, sight, etc) or other additional information they need to know about my/our child. I/We further acknowledge that my child has the physical capacity reasonably necessary to engage in Recreation activity for which I have enrolled. I/We 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, Boards, 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 participation in recreation programs. I/We agree any pictures taken may be used for future promotions for the Town of Farmville.

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

SIGNATURE (PARENT OR GUARDIAN)

Date

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