

REGISTRATION FORM

NAME OF PROGRAM: _____

Participant's Name

Birth Date

Age

Address

City

Zip

Home Phone

Work Phone

School

Grade

T-Shirt Size (Please circle one)

YM YL AS AM AL AXL AXXL

I, the parent/guardian of the registrant, as well as the player, will abide by the policies and procedures as well as sportsmanship guidelines of Warren County Parks and Recreation. I hereby grant permission to the adult manager or coach of the team to obtain medical care from any licensed physician, dentist, hospital, medical or dental clinic, for the player named herein at such time as either parent or legal guardian cannot be contacted in person or by telephone. This authorization shall include all league activities, including the period to travel to and from those activities, and we do hereby waive, release, absolve, indemnify and agree to hold harmless Warren County Parks and Recreation, and Warren County, the organizers, supervisors, participants and persons transporting the player to and from those activities, for any claim arising out of an injury to the player.

Parent or Guardian: _____

Signature

Date

Form of Payment: Cash: _____ Check: _____