

MCBEE YOUTH RECREATION REGISTRATION FORM

REGISTRATION FEE: \$35 per person – 3 or more in a family \$80

Make Checks Payable to: McBee Recreation

PAYMENT DUE AT TIME OF REGISTRATION

REGISTRATION FOR: (Choose One)

Basketball Baseball Softball T-Ball Football Soccer Cheerleading

Participants will be required to provide their own pants, socks, and appropriate shoes. Sport related equipment will be provided.

PLAYER INFORMATION: PLEASE PRINT ALL INFORMATION

NAME: _____

ADDRESS: _____ Town _____ Zip Code _____

DATE OF BIRTH: _____ CURRENT AGE _____ GENDER: MALE FEMALE

KNOWN MEDICAL CONDITIONS: _____

SCHOOL ATTENDING: _____ GRADE: _____

EXPERIENCE (1ST, 2ND, 3RD, SEASON - etc) _____

SHIRT SIZE: YOUTH: XS S M LG XLG ADULT: XS S M LG XLG

PARENT / GUARDIAN #1: PLEASE PRINT ALL INFORMATION

NAME: _____ E-Mail _____

ADDRESS: _____ Town: _____ Zip Code _____

PHONE NUMBERS: HOME: _____ CELL: _____ CELL PHONE CARRIER: _____

WORK: _____ SUBSCRIBE TO MCBEE TEXT NOTIFICATION SERVICE: YES NO (FREE SERVICE)

I AM WILLING TO VOLUNTEER AS: COACH TEAM PARENT UMPIRE CHAIN CREW OTHER

PARENT / GUARDIAN #2: PLEASE PRINT ALL INFORMATION

NAME: _____ E-Mail _____

ADDRESS: _____ Town _____ Zip Code _____

PHONE NUMBERS: HOME: _____ CELL: _____ CELL PHONE CARRIER: _____

WORK: _____ SUBSCRIBE TO MCBEE TEXT NOTIFICATION SERVICE: YES NO (FREE SERVICE)

I AM WILLING TO VOLUNTEER AS: COACH TEAM PARENT UMPIRE CHAIN CREW OTHER

I, as a parent or legal guardian of the above named child give my permission for him/her to participate in the McBee Recreation sports program. I understand that there are certain and unforeseeable risks that may be associated with this activity and that through my signed consent for their participation in the program. I assume all liability for the above named child and will not hold the Town of McBee, the McBee Recreation Dept., its employees, coaches, officials, or other volunteers liable for any injuries that may occur. I further give my consent for the above named child to be treated in cases of extreme emergency and/or life threatening conditions by certified emergency medical staff and for transport to the nearest emergency care facility for treatment if required.

I also agree to return any and all equipment that will be issued to my child as soon as the season has ended. I further agree that the equipment shall be returned in as good a condition and working order as when it was received except for "normal wear and tear". I understand that I will be responsible for costs incurred for replacement of any lost or damaged equipment.

SIGNATURE OF PARENT / GUARDIAN

DATE