

PLAYER REGISTRATION FORM

FIRST NAME: _____

LAST NAME: _____

BOY / GIRL: _____

AGE: _____ **GRADE IN SCHOOL:** _____

DATE OF BIRTH: _____ / _____ / _____

TELEPHONE NUMBER: _____

STREET ADDRESS: _____ **CITY:** _____

STATE: _____ **ZIPCODE:** _____

NEW PLAYER: YES/NO _____ **PREVIOUS TEAM:** _____

JERSEY SIZE: _____ **RECEIPT#:** _____

SPECIAL MEDICAL INFO: _____

I, THE LEGAL GUARDIAN OF THE ABOVE APPLICANT, GIVE MY APPROVAL TO PARTICIPATE IN ANY AND ALL ACTIVITIES ASSOCIATED WITH THE CITY OF JEFFERSON CITY PARKS & RECREATION DEPARTMENT. I HEREBY AGREE NOT TO HOLD THE CITY OF JEFFERSON CITY OR STAFF RESPONSIBLE IN THE EVENT OF INJURY OR ILLNESS DUE TO PARTICIPATION.

PARENT OR LEGAL GUARDIAN SIGNATURE: _____