

**SUMTER COUNTY RECREATION & PARKS
YOUTH SPORTS REGISTRATION-2014 FALL LEAGUE**

(Please Print or Type)

Participant's Name _____ Birthdate _____ Male/Female _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ (Mom's or Dad's) E-Mail _____

Parent's Name (Please Print) _____ I will coach _____ I will assist _____

School _____ Shirt Size _____
(Youth S M L) (Adult S M L XL XXL)

I would like to sponsor a team _____ If yes, Sponsor's Name _____ Phone _____

PLEASE CHECK APPROPRIATE SPORT (FEES ARE NON-REFUNDABLE)

<input type="checkbox"/> Fall Baseball	Ages 7 – 14	(As of 4/30/15)	Age _____	Fee \$45.00
<input type="checkbox"/> Fall Softball	Ages 7 – 13	(As of 12/31/14)	Age _____	Fee \$45.00
<input type="checkbox"/> Fall Soccer	Age 4	(As of 9/1/14)	Age _____	Fee \$30.00
<input type="checkbox"/> Fall Soccer	Ages 5- 6	(As of 9/1/14)	Age _____	Fee \$35.00
<input type="checkbox"/> Fall Soccer	Ages 7 – 18	(As of 9/1/14)	Age _____	Fee \$45.00
<input type="checkbox"/> Flag Football	Ages 5 – 6	(As of 9/1/14)	Age _____	Fee \$40.00
<input type="checkbox"/> Flag Football	Ages 7 - 8	(As of 9/1/14)	Age _____	Fee \$50.00
<input type="checkbox"/> Tackle Football	Ages 9 – 12	(As of 9/1/14)	Age _____	Fee \$60.00
<input type="checkbox"/> Cheerleading	Ages 5 – 12	(As of 9/1/14)	Age _____	Fee \$50.00

I FULLY UNDERSTAND ALL FEES ARE NON – REFUNDABLE:

Parent / Guardian Signature

PLEASE NOTE: All Participants will be in a draft system. There is no guarantee a participant will get placed on a certain team or with a certain coach. All participants in competitive age divisions will be required to play with their age group. Participants will not be allowed to stay down in age divisions.

Please list any known medical conditions, medications, or allergies. In case of emergency this information may be shared with medical professionals _____

Sumter County Recreation & Parks Release of Liability Form

My signature below gives my approval for the above to participate in any and all league activities during the **2014 Fall League**. I assume all risk and hazard incidental to such participation, **including transportation to and from all activities**; and do hereby waive, release, absolve, indemnify and agree to hold harmless the parent or local league organization, the organizers, sponsors, supervisors, participants and person transporting the child to and from activities, for any claim arising out of any injury to the child. I grant permission to managing personnel or other league representatives to authorize and obtain medical care from any licensed physician, hospital or medical clinic should the above become ill or injured while participating in league activities away from home or at other times when neither parent/guardian is available to grant authorization of emergency treatment.

Signature: _____ Print Name: _____ Date: _____

OFFICE USE ONLY

Amount Paid\$ _____ Check # _____ Cash _____ Date _____ Employee _____ Recorded in Rec Trac _____

Receipt # _____