



Youth Sports Registration Form

Sport: Basketball Dance Troupe Volleyball Baseball Softball
 Tball Soccer Flag Football Tackle Football

Participant Information

Participant's Name: _____
First Middle Last

Address: _____ City: _____

State: _____ Zip Code: _____

Participant's DOB: ____/____/____ Gender: F___ M___

** A copy of Participant's Birth Certificate must be turned in with this form.*

T-Shirt Size (circle one): Youth: S M L Adult: S M L XL XXL

Parent/Guardian Name(s) _____

Phone Number(s): _____ Email: _____

Emergency Contact Person(s) other than Parent/Guardian:

Name: _____ Phone Number: _____

Are you or do you know anyone interested in coaching? Yes___ No___ If so, please provide the information below:

Name(s): _____

Phone Number: _____ Email: _____

MEDICAL RELEASE AUTHORIZATION AND CONSENT FOR TREATMENT OF CHILD

As parent or legal guardian of _____, I hereby authorize and give my consent for any medical emergency treatment or dental treatment for my son/daughter or child I am guardian of (listed above) should it be deemed necessary by a qualified medical doctor or dentist. In the event I cannot be contacted, I give the authorized FVPRCR coach and/or activity/event supervisor the authorization to act on my behalf should a medical or dental emergency arises while participating in a Town sponsored activity or event.

LIABILITY WAIVER

WAIVER: I, for myself, and/or as a parent, guardian, or user, hereby assume all risks and hazards incidental to the conduct of the activities and transportation to and from the activities. I release, absolve, and indemnify the Town of Fuquay-Varina, employees of the Town, volunteers, contractors, and/or sponsors, from all risks and hazards associated with the activities and in the event of an injury, do expressly waive all claims against them. I understand that no insurance coverage is provided by the Town of Fuquay-Varina unless otherwise stated.

Parent/Guardian Print Name: _____

Parent/Guardian Signature: _____ Date: _____

Submit this completed and signed form along with a copy of participant's birth certificate to the Fuquay-Varina Parks, Recreation & Cultural Resources office in the Community Center. The Community Center is located 820 S Main St Fuquay-Varina, NC 27526. For questions or to become a volunteer, please call 919-552-1430.