

# City of Perry Leisure Services Department Registration Form

*PLEASE PRINT*

Child's Name (last) \_\_\_\_\_ (first) \_\_\_\_\_ Gender M / F Birth Date \_\_\_ / \_\_\_ / \_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home/Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Mother's Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Person other than parent for emergency contact \_\_\_\_\_ Phone \_\_\_\_\_

Please list any medical condition that we may need to be aware of \_\_\_\_\_

Athletics: Select one of the three listed below:

1) \_\_\_\_\_ Did **NOT participate last year** with Perry Leisure Services (PLS). I understand I may list a request (which is NOT guaranteed) for a specific team (name) \_\_\_\_\_ and/or a specific coach (name) \_\_\_\_\_. I further understand that requests are NOT guaranteed and the participant is required to be at evaluations listed on the Important Date Sheet.

2) \_\_\_\_\_ Did participate last year with PLS in \_\_\_\_\_ age group with team (name) \_\_\_\_\_ with coach (name) \_\_\_\_\_ and participant **DOES want to return** to the same team/coach.

3) \_\_\_\_\_ Did participate last year with PLS in \_\_\_\_\_ age group with team (name) \_\_\_\_\_ with coach (name) \_\_\_\_\_ and participant **does NOT want to return** to team/coach. I understand I may list a request (which is NOT guaranteed) for a specific team (name) \_\_\_\_\_ and specific coach (name) \_\_\_\_\_. I further understand that requests are NOT guaranteed and the participant is required to be at evaluations listed on the important Date Sheet.

I acknowledge that the Leisure Service Department does not carry insurance on participants in any programs. Being aware of this situation I acknowledge that participation in any activity involves a certain degree of risk or injury. I hereby release and hold harmless the Leisure Service Department, their Board of Directors, employees, coaches, instructors, officials and volunteers from any and all liability arising out of any injuries suffered by the above said participant during this activity. I give my permission for my child to be taken to the nearest emergency room in the event of an injury. I further agree to abide by the policies and procedures of this department. The City reserves the right to cancel any and all programs. Fees will be returned due to lack of participation and/or funding issues.

Signature of Parent/Legal Guardian \_\_\_\_\_

## **OFFICE USE ONLY:**

Program \_\_\_\_\_ Age Control \_\_\_\_\_ League \_\_\_\_\_ Shirt Size \_\_\_\_\_ Short Size \_\_\_\_\_

Fee paid \_\_\_\_\_ Receipt # \_\_\_\_\_ District \_\_\_\_\_

If more than one attached to a receipt list names \_\_\_\_\_

Birth Certificate \_\_\_\_\_ Did they participate last year? \_\_\_\_\_ If yes what team name? \_\_\_\_\_

Interested in volunteering/assisting team \_\_\_\_\_