



ALEXANDER CITY PARKS & RECREATION
P.O. Box 552, Alexander City, AL 35011 Phone: (256) 329-6736 Fax: (256) 329-6738
YOUTH SPORTS
REGISTRATION FORM



Sport _____ **Eligibility Date** _____ **Age as of Sept, 1 201** _____

Child's name _____ M _____ F _____ Birth Date _____ School (August 2017) _____

Address _____ City _____ Zip _____ Grade (August 2017) _____

Parent's name (mother) _____ Parent's name (father) _____

Home phone _____ Home phone _____

Cell phone _____ Cell phone _____

Work phone _____ Work phone _____

E-mail Address _____ E-mail Address _____

Played last season? _____ If yes, team: _____

Sibling/s playing this year (Name/s): _____

CHILD RELEASE AUTHORIZATION

Authorized persons, other than parents, to pick up child:

Name _____ Relationship _____

Child in custody of: both parents mother father

other: _____

Child lives with: both parents mother father

other: _____

Liability Waiver

I/We the parents/legal guardian of the above named child/participant do hereby release the City of Alexander City, its employees, successors, agents, attorneys, and all other persons, corporations, or insurance companies liable or who might be claimed to liable, hereinafter referred to as City from any and all claims, demands, injuries, or damages, resulting from any accident which may occur as a result of participation in the aquatic and/or land exercises, any youth and/or adult programs. My child has the ability to participate in these programs with the understanding that he/she may be limited. I hereby agree that if physically or mentally necessary, I will have someone with him/her to aid in their care during the classes or programs. This aide shall be designated by me and shall not be an employee or agent of the City of Alexander City.

Signature of Parent/Guardian _____ **Date** _____

Emergency Medical Care Authorization

In case of emergency and parents/legal guardian and/or family physician cannot be contacted, I authorize league officials/coaches to transport my child to a hospital/medical facility and give permission for said hospital/medical facility to give my child emergency care treatment. I hereby accept financial responsibility for such treatment.

Signature of Parent/Guardian _____ **Date** _____

Refund Policy:

- 1. If a child is injured before the season begins = full refund.**
- 2. If a child is injured after the season begins = pro-rated refund may be awarded.**
- 3. If a child does not "fit-in" with his/her team, a decision will be made by the AD as to whether a refund is awarded or a team change is made.**
- 4. If a parent wants a refund due to lack of playing time, the AD will talk with the coach to try to work out the issue. If a solution cannot be reached, a pro-rated refund may be awarded.**

*Teammate request or coaching request is not available.
Siblings will be placed on the same team at parents' request.*

EMERGENCY INFORMATION

Authorized persons, other than parents, to be called in case of an emergency:

Name	Phone	Relationship
_____	_____	_____
_____	_____	_____

INFORMATION REQUIRED BY STATE LAW

HEALTH INSURANCE CO. _____

Policy number: _____

FAMILY DOCTOR: _____

Address: _____

Phone: _____

HEALTH RECORD

Operations, serious injuries, diseases, restrictions on physical activity:

Give name and purpose of medication taken:

**FEE INFORMATION
(FOR OFFICE USE ONLY)**

Date Paid _____

Cash _____

Check # _____

Receipt # _____