



CRAMERTON PARKS AND RECREATION DEPARTMENT

Sportsmanship - Teamwork - Integrity - Commitment



155 North Main Street – Cramerton NC 28032

Telephone: (704) 824-4231

Fax: (704) 824-7646

YOUTH SPORTS REGISTRATION FORM

PLEASE PRINT CLEARLY...AND COMPLETE THE FOLLOWING INFORMATION

Registration Fee:

Fall: Resident \$50 Non-Resident \$75

Sport : _____

Registration Period

Fall 2008

*Fee includes Registration, Uniform & Trophy

PLAYER INFORMATION:

Last Name: _____ First Name _____ Age: _____

Street: _____ Apt./Unit # _____

City: _____ State: _____ Zip: _____

Phone:() _____ Sex: Male _____ Female _____ Birthdate: _____

Shirt Size (check one) **Youth:** Small Medium Large
Adult: Small Medium Large X-large Other _____

Short/Pants Size (check one) **Youth:** Small Medium Large X-Large
Adult: Small Medium Large X-large Other _____

Current School Attended By Your Child _____ Grade _____

Has your Child played with Cramerton before? _____ Team _____ Sport _____

Are you willing to Volunteer: Yes _____ No _____ If Yes What? _____

PARENT INFORMATION:

Father/Legal Guardian:

Last Name: _____ First Name: _____ Phone: _____

Address: _____ Apt./Unit #: _____ City: _____ State: _____ Zip: _____

Occupation: _____ Email: _____ Cell #: _____

Mother/Legal Guardian:

Last Name: _____ First Name: _____ Phone: _____

Address: _____ Apt./Unit #: _____ City: _____ State: _____ Zip: _____

Occupation: _____ Email: _____ Cell #: _____

Medical History:

Any history of significant previous diseases, recurrent illness or physical disabilities? No ___ Yes ___; diabetes No ___ Yes ___; Convulsions No ___ Yes ___; heart trouble No ___ Yes ___; Asthma No ___ Yes ___ Is your child on any continuous medications? No ___ Yes ___ If others, what/when? _____

I, parent or guardian of the above participant agree that in the event he/she is disabled, injured, or incurs a disease of a temporary or permanent nature while participating as a member of the activity or program to release, indemnify, and hold harmless the Town of Cramerton, its officers, agents and employees, including those of the Parks and Recreation Department from all actions, causes of action, claims, demands, damages and costs arising therefrom, and do hereby assume all risks associated with participation in the sports or activities provided. I also agree to abide by all code of conduct and department rules.

Before starting any type of exercise program, you should contact your doctor first. Also, we agree to return any equipment or uniforms to the recreation department. Registration fees will not be refunded.

Date: _____ Parent/Guardian: _____ Witness _____

(Signature Required)

LEAGUE USE:

Amount Paid: \$ _____ Check #: _____ Cash: \$ _____