

Madison County Parks and Recreation

Youth Sports Registration

Sport: _____ If Applicable: Boys' or Girls' or Co-ed Team (circle one)

Participant's Information:

First name: _____ LastName: _____ Date of Birth: ____/____/____

Street Address: _____

City/State/Zip _____ Telephone: _____

Gender: M / F Years of Experience: _____ Last Club/Team: _____

Medical Conditions: _____

Other information that may help with draft: _____

Parent/Guardian's Information

First name: _____ Last Name: _____ Email Address:(Preferred) _____

Home Phone: _____ Cell Phone: _____ Cell Phone: _____

Mailing Address: (if different from above) _____

I am interested in: Coaching _____ Asst. Coaching: _____ Other (Specify) _____

Emergency Contacts:

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

REMEMBER: THIS PROGRAM IS FOR CHILDREN!

For the opportunity to be a part of this program I understand that I am responsible for my conduct and my child's conduct at all times. I will not berate, curse, defame or confront a coach, participants, other coaches, umpires or referees, or anyone associated with the youth program or allow my child to do so. Parent/Guardian is responsible for following the rules and regulations of a suspension from the participant's school. The Participant will not be allowed to participate in Madison County Recreation Authority Programs/Sports/Events if they are suspended after school hours from their school or excluded from extra-curricular activities due to their suspension from their school. I understand that if I violate any of the above, I can be suspended from being at practices/games by the sport's commissioner. I am WAIVING and RELEASING all claims for myself and my minor child/ward (participant) arising out of such registration and participation.

Parent/Guardian's Signature: _____ Date: _____

Participant's Signature: _____ Date: _____

Registered By: _____ Fee Collected: _____