

JASPER PARKS & RECREATION

Baseball Softball Volleyball Soccer Basketball Football

Player's Name _____
(please put FULL name as listed on birth certificate)

Address: _____

Male or Female

(Present) **Age:** _____

Zip: _____

Birthdate: _____

Years of sport experience: _____ **School:** _____

Parent(s) Name: _____

Home phone number: _____

Work phone number: _____

Cell phone number: _____

Home phone number: _____

Work phone number: _____

Cell phone number: _____

Emergency Contact (other than parent)

Name: _____

Home phone number: _____

Cell phone number: _____

Email Address _____

Best way to contact you (circle one) Call Home Phone - Cell Phone - Text to _____ **E-mail**

Shirt Size (Circle One)	Youth small Youth medium	Youth large Adult small	Adult medium Adult large	Adult x large Adult xx large
-----------------------------------	-----------------------------	----------------------------	-----------------------------	---------------------------------

HEALTH ISSUES _____

Please list any brothers/sisters that will be playing this sport during the season for which you are enrolling:

I/WE ASSUME ALL RISKS AND HAZARDS INVOLVING PARTICIPANTS IN GAMES, PRACTICES, OR TRANSPORTATION FOR THIS PLAYER DURING THE SEASON. I/WE DO HEREBY WAIVE, RELEASE AND AGREE TO HOLD HARMLESS THE CITY OF JASPER PARKS AND RECREATION DEPARTMENT FROM DEATH, INJURIES, AND/OR CLAIMS FROM OTHER PARTICIPANTS DURING THE CURRENT SEASON.

Parent signature _____ DATE _____