

## Clinton Parks and Recreation

P.O. Box 156  
Clinton, MS 39056  
(601) 924- 6082  
www.clintonparksandrec.com

### 2009 Fall Registration Form

Registration Fee is determined by postmarked date.

Football Registration Fees (check appropriate box)		Cheerleading Registration Fees (check appropriate box)	
Flag Football 5-8 45.00		Cheerleading 25.00	
Tackle Football 9-12 60.00			
Non-Resident 25.00		Non-Resident 25.00	

1. Players and Cheerleaders submitting Registration Forms on after 8/14/09 will be placed on a waiting list.
2. Make checks payable to Clinton Parks and Recreation CPRD.
3. Registration form must be accompanied with payment. NO EXCEPTIONS!

### Player Information – print legibly

Players Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender \_\_\_\_\_  
 Street Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Fall 2009 Grade: \_\_\_\_\_ Fall 2009 School \_\_\_\_\_  
 Age as of 08/1/2009 \_\_\_\_\_ New or Returning player? \_\_\_\_\_ 2008 Season Coach \_\_\_\_\_  
 Total years played with CPRD? \_\_\_\_\_ Est. Weight (Football only) \_\_\_\_\_  
 Jersey Size \_\_\_\_\_ List First Three Number Choices \_\_\_\_\_

### Parent/Guardian Emergency Contact Information (please be complete as possible)

Parent / Guardian 1		Parent / Guardian 2	
Full Name		Full Name	
Relationship to Player		Relationship to Player	
Work Phone		Work Phone	
Cell Phone		Cell Phone	
Email Address		Email Address	
Interested in Coaching		Interested in Coaching	

### Medical Information

<b>Physician / Family Doctor</b>	
<b>Doctor's Phone</b>	
<b>Insurance Carrier</b>	
<b>Policy Number</b>	
<b>Medical History (Allergies, Medications, Special Conditions, etc.)</b>	

IMPORTANT NOTE: If the player is under medical care or is on prescribed medication, a note from his/her physician is required.

### Parent Permission

#### No Refunds

**Medication Authorization – Grant of Consent.** I hereby certify that my child is in good health and may participate in all activities. In case of an emergency, I give my permission for my child to be given emergency treatment at any responsible accessible hospital.

**Liability Waiver:** AS the parent (or legal guardian) of the above named minor, I grant permission for the minor to participate in all activities of the sports program. I assume all risk and hazards incidental to such participation, including transportation to and from such activities, and do hereby release and waive all claims against City of Clinton, Clinton Parks and Recreation Department, Clinton Parks Advisory Board Sponsors, volunteers, agents and other participants. I Understand CPRD does not carry accident insurance.

Signature of Parent / Guardian \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

CPRD Use	Check No.	Amount Paid	Date Received
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