

CLINTON

HISTORY • PRIDE • PROGRESS
PARKS & RECREATION DEPARTMENT

"Providing Something For Everyone"

Last Name:	First Name:	Initial:	Sex: Male or Female (Circle One)
Physical Address: (Required)		Date of Birth:	
Mailing Address: (If different)		City:	Zip:
Home Phone:	Email Address:		School Grade (if applicable)
Do you live within the Clinton City limits? YES or NO (please circle one)		<ul style="list-style-type: none"> •Live in the City of Clinton; No extra charge •Live in Clinton School District and outside The City of Clinton; \$10.00/family •Live outside School District and attend other school; \$25.00/family 	
Does registrant have any allergies or medical problems? If yes, please list: _____		Resident/Non-Resident Fee: _____	
Level of Play: (If applicable)		Activity registering to participate:	
We ask for and encourage participation of volunteers in our program. Please check one of the following if you are interested and want to participate. _____ Coach _____ League Representative			
Person to notify in case of emergency: _____		Relationship: _____	
Phone Number(s): _____			
Doctor or Medical Facility:		Phone Number(s):	
Uniform Sizes: <u>Youth</u> XS S M L <u>Adult</u> S M L XL XXL (please circle one)			
Do you have accident insurance? YES or NO (please circle one)			

I/We hereby give approval of participation in any and all activities connected with the above program. I/We assume all risk and hazards incidental to the conduct of the activity, and the transportation to and from the activities and I/We do further hereby release and hold harmless the Clinton Parks and Recreation Department, Clinton Parks Advisory Board, the City of Clinton, the sponsors, the supervisors (both staff and volunteers) and/or all of them from any and all claims of injury and/or claims arising from participation in the above activity.

**Those individuals who are 18 years of age or younger must have a parent/guardian signature before participating. In case of injury to my child, I/We likewise waive all claims for damages that I/We might have against the above mentioned and likewise waive any claim against any person transporting my/our child to or from activities.

Player, Parent/Guardian Signature

Clinton Parks and Recreation Department, P. O. Box 156, Clinton, MS 39060 Phone: (601) 924-6082 / Fax (601) 925-6101

For Office Use Only:

Payment \$ _____ Receipt # _____ Payment/Method: Cash Check# _____