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| **Randleman Parks and Recreation Department****YOUTH SPORTS REGISTRATION FORM** |
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| **MUST PAY FEE WHEN REGISTERING NO COACH REQUEST.** |

**SPORT REGISTERING FOR: (Please Circle One)** **SPRING BASEBALL SPRING SOFTBALL SOCCER VOLLEYBALL****FOOTBALL CHEERLEADING BASKETBALL FALL SOFTBALL FALL BASEBALL** **REGISTRATION DEADLINES:**

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| **We do not accept request** **for certain coaches or** **players to be put together except for siblings.** |

**Spring Baseball/Softball: February Soccer: June****Fall Baseball/Softball: July Football/Cheerleading: July****Volleyball: September Basketball: November** |

PLAYERS NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Player Attends \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: Male / Female

Father’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mother’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I (WE) THE BELOW-SIGNED CERTIFY (1) THAT THE ABOVE INFORMATION IS CORRET; (2) THAT IN CONSIDERATION AND AS A CONDITION OF THE ABOVE IDENTIFIED REGISTRANT PARTICIPATION IN THE PROGRAM, I AGREE TO INDEMNIFY, DEFEND AND HOLD HARMLESS THE CITY OF RANDLEMAN, ITS AGENTS AND EMPLOYEES FROM AND AGAINST ANY AND ALL LIABILITY FROM INJURY WHICH I OR MY CHILD MAY SUFFER AS A RESULT OR OF IN ANY CONNECTION WITH OR ARISING OUT OF THE REGISTRANTS PARTICIPATION IN THE ABOVE PROGRAM AND (3) THAT THE RESPONSIBILITY FOR CARRYING APPROPRIATE MEDICAL PLANS INCLUDING HOSPITALIZATION LIES WITH THE BELOW SIGNED PARENT/GUARDIAN.

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

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| **FEE SCHEDULE:** **(Recreation Dept. has authority to adjust fee schedule as needed)** **SPORT CITY RESIDENT NON-CITY RESIDENT** **BASEBALL** T-Ball $20 $30Tot-Ball $15 $25 C-Ball $20 $309-10 Baseball $30 $5011-12 Baseball $30 $50**SOFTBALL**8U Softball $20 $3010U Softball $30 $5012U Softball $30 $50**Football/Cheerleading** $30 $50**Soccer Ages 3-15 yr old**  $30 $50**9U/12U Volleyball**  $20 $30**Basketball Ages 5-15 yr old**  $30 $50**Lacrosse Ages 8-12 yr old**  TBA TBADid your child play last year? What Team?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **AGE CUT-OFF DATES:**Baseball: May 1st Softball/Basketball: Jan. 1st Football/Cheerleading: Aug. 1stVolleyball: Oct. 1stSoccer: July 1st  **PLAYERS SHIRT SIZE (Circle One)** YS YM YL YXL AD SM AD MED AD LG AD XL AD 2XL**INTERESTED IN COACHING?****Circle One: Head Coach Asst. Coach**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **REGISTRATION FEE PAID: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Check \_\_\_\_\_\_\_\_\_\_\_ Cash \_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |