



## Parks & Recreation Department

### Youth Registration Form

Sport/Class: \_\_\_\_\_

Team Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

School Attending: \_\_\_\_\_

Child's Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parents' Names: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell/Work Phone: \_\_\_\_\_

#### **Parent**

I do hereby give \_\_\_\_\_ permission to participate in the Recreation Department sponsored \_\_\_\_\_ program. By signing this form, I agree that in the event he/she is disabled, injured, or incurs a disease of a temporary or permanent nature while participating as a member of the program to release, indemnify and hold harmless the City of Gastonia, its officers, agents and employees, including those of its Recreation Department from all actions, causes of action, costs arising therefrom, and do assume all risks associated with participation in sports activities. I also give permission to the City of Gastonia and the Gastonia Parks and Recreation Department to use my child's image as a program participant for departmental publicity in printed and Internet media.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent/Guardian)

Witness: \_\_\_\_\_ Date: \_\_\_\_\_  
(Instructor/Coach)

Revised 8/2/07