



Program Registration Form

Program: _____ Age Division: _____

Gender: M/F Preferred Jersey # (Provide up to 3) _____

Shirt Size: YS YM YL AS AM AL AXL Short/Pants Size: YS YM YL AS AM AL AXL

*** WC Parks & Rec will not reorder if the uniform does not fit. This will be done at your own expense. Please be sure to try on the sample uniforms and mark the correct size. By initialing I am acknowledging that I have tried on the sample size and circled the correct size. _____

I would be interested in donating \$ _____ to help sponsor another child to be involved in a sports activity.

Participant's Name: _____ Date of Birth: ____/____/____

Guardian's Name: _____ Date of Birth ____/____/____

Guardian's Name: _____ Date of Birth ____/____/____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____ Cell: _____

Home Phone: _____ Work Phone: _____

Emergency Contact : _____ Phone: _____

We are an organization that runs solely on volunteer coaches. If interested in volunteering please check the appropriate section:

_____ Head Coach Asst. Coach _____ Team Mom _____

If volunteering to coach, please fill out the coach's application and background check form with a copy of your driver's license.

Authorizations:

As the parent, authorized representative, or legal guardian, I hereby give consent to the WC Parks & Recreation Department to provide emergency care for the participant named above. This care may be given under whatever conditions are necessary to preserve life, or well-being of the participant named above.

I understand that in order to receive all updated information in regards to the program I must provide a current phone number and email address and/or check WC Park & Recreation Department Website for updates.

I understand that no refunds will be issued once the season has started. If the uniform has been ordered – only a partial refund will be issued. There will be a \$10.00 administrative fee for any approved refunds.

I understand and give my child permission to participate in the program. I further understand that neither the WC Parks & Recreation nor any of its staff (paid or volunteer) can be held liable in the event of an accident or accidental death. In case of injury or accident, all efforts will be made to contact a parent, but in the event of an emergency a parent cannot be contacted I give permission for the WC Parks & Recreation staff person in charge to authorize medical care for my child. I further understand to adhere to the zero tolerance policy. By signing, I also give permission for my child to be photographed.

I understand that there are no requests of any kind (transportation, same team as, coach, times, dates, etc.) will be honored in the 7 & above age groups. Days & times requests cannot be honored in any age group, I also understand that there could be some travel involved if participation is low.

Parent/Guardian Signature: _____ Date _____

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|-----------------------|------------------------|---------------------------|----------|
| Date Registered _____ | Amt. Pd _____ | Taken By: _____ | BC _____ |
| Payment Type _____ | Entered in REC 1 _____ | POR (Football only) _____ | |