

# Ocean Springs



## Parks & Leisure Services

### Athletics/Sports Registration Form

I would like to help in the following areas:  Coach  Assistant Coach

**Sport Signing Up for:**

- Kickball
- Basketball (Please circle: Boy or Girl)
- Cheerleading
- Flag Football
- Tackle Football

**Age Group:**

- 3 – 4
- 5 – 6
- 7 – 8
- 9 – 10
- 11 – 12
- 13 – 14
- 15 – 17

**PLAYING AGE IS AS OF SEPTEMBER 1<sup>ST</sup>**

Does your child have a sibling registered in the program? (Y/N)	_____
Do you wish to have both Siblings play on the same team? (Y/N)	_____
Siblings Name:	_____

**UNIFORM SIZES:**

- |         |                                      |                                       |                                      |  |                                     |
|---------|--------------------------------------|---------------------------------------|--------------------------------------|--|-------------------------------------|
| SHIRTS: | <input type="checkbox"/> Youth Small | <input type="checkbox"/> Youth Medium | <input type="checkbox"/> Youth Large | <input type="checkbox"/> Youth X-Large |                                     |
|         | <input type="checkbox"/> Adult Small | <input type="checkbox"/> Adult Medium | <input type="checkbox"/> Adult Large | <input type="checkbox"/> Adult X-Large | <input type="checkbox"/> Adult- XXL |
| PANTS:  | <input type="checkbox"/> Youth Small | <input type="checkbox"/> Youth Medium | <input type="checkbox"/> Youth Large | <input type="checkbox"/> Youth X-Large |                                     |
|         | <input type="checkbox"/> Adult Small | <input type="checkbox"/> Adult Medium | <input type="checkbox"/> Adult Large | <input type="checkbox"/> Adult X-Large | <input type="checkbox"/> Adult- XXL |

**PAYMENT:**

Receipt # \_\_\_\_\_ Amount Paid \_\_\_\_\_  Cash  Check (# \_\_\_\_\_)

Each sport involves contact. This contact can result in injury or even death. You must consider and decide if this is a risk that you and your child choose to take. It is highly recommended that each child have personal medical insurance before participating in any Sporting event. Please consult your insurance agent for coverage:

Insurance Carrier: \_\_\_\_\_ Policy # \_\_\_\_\_

**RELEASE OF LIABILITY FOR MINOR PARTICIPANTS----- READ BEFORE SIGNING**

In consideration of my minor child/ward ("my child"), being allowed to participate in any way in this Ocean Springs Parks & Leisure Services program, related events and activities. The undersigned acknowledges, appreciates and agrees that:

- The risk of injury to my child from the activities involved in this program is significant, including the potential for permanent disability and death, and while particular rules, equipment and personal discipline may reduce this risk, the risk of serious injury does exist.
- For MYSELF, SPOUSE AND CHILD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my child's participation.
- I willingly agree to comply with the program's stated and customary terms and conditions for participation. If I observe an unusual significant concern in my child's readiness for participation and/or in the program itself, I will remove my child from participation and bring such attention of the nearest official immediately; and I will conduct myself in an orderly manner or be asked to leave the premises.
- I for myself, my spouse, my child, and behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE THE other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to my child's involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
- I for myself, my spouse, my child, and behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY AND HOLD HARMLESS the City Ocean Springs, the Ocean Springs Parks & Leisure Services Department, employees of the City of Ocean Springs, all board members, individually coaches and assistant coaches from any and all liabilities incident to my involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING. I SIGN THIS AGREEMENT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

**UNDERSTANDING OF RISK:** I understand the seriousness of the risks involved in participating in this program, my personal responsibilities for adhering to rules and regulations, and accept them as a participant.

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Child's Last Name First Name M.I.

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City ZIP

\_\_\_\_\_  
Date of Birth: Age as of September 1<sup>st</sup> :

\_\_\_\_\_  
Parents Name:

\_\_\_\_\_  
Home Phone #: Alt. #:

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

\_\_\_\_\_  
Previous Year's Team & Age Division (If Applicable)

\_\_\_\_\_  
Preferred Jersey Number: 1<sup>st</sup> Choice 2<sup>nd</sup> Choice