

Norrisville Recreation Registration Form

Program: _____

A program of the Norrisville Recreation Council and Harford County Department of Parks and Recreation

PLAYER/PARTICIPANT INFORMATION

Name: _____

Address: _____

Home Phone: _____ Cell: _____

Email: _____

DOB: ____/____/____

Age Group: (circle one) 5/6 7/8 9/10 11/12 13/15

Other: _____

Uniform Size:

Shirt Size (circle one): YS YM YL AS AM AL AXL

Other: _____

Sock Size (Soccer Only): YS YM YL AS AM AL

Parent/Guardian Names: _____

Emergency Contact: _____

Are there physical conditions or allergies of which the coach/administrator should be aware? _____

Are special accommodations needed? _____

Participant/Parental Agreement and Insurance Information

I certify that the individual named above is in good physical condition and is capable of participating in the named program. If medical attention beyond first-aid treatment is required, I understand that every attempt will be made to contact me at the emergency number provided. If contact with me is not possible, I give permission for medical attention to be administered. Furthermore, I hereby release, exonerate and discharge the organizers, officers, volunteers, coaches, officials, representatives, employees, and agents from any and all actions and for any injuries or damages incurred while participating in, or traveling to and from, this program.

Participant/Parent/Guardian Signature: _____ Date: _____

Participant's Medical Insurance Company: _____

Total Due \$ _____	Total Paid \$ _____	Check # _____
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