



Pell City Parks and Recreation
"The Heart of the Community"

Youth Sports Registration Form

Softball

Registration: January 3 rd – February 6 th	Evaluations 6U: February 13 th at 5:30pm on Field #4 8U: February 13 th at 5:30pm on Field #1 10U: February 13 th at 6:30pm on Field #1 12U: February 13 th at 6:30pm on Field #4
Registration Fee: \$100 (Fee includes uniform & trophy)	<u>All evaluations will be held at the Pell City Civic Center</u>

Player Information

Player's Full Name & Nickname	
Date of Birth	
Street Address	
City, Zip Code	
City Resident <u>or</u> Non City Resident?	

Parent/Guardian Emergency Contact Information

Parent/Guardian #1		Parent/Guardian #2	
Relationship to Player		Relationship to Player	
Work Phone		Work Phone	
Cell Phone		Cell Phone	
Email Address		Email Address	
Please indicate your preferred methods of communication: Email _____ Text _____ Phone Call _____			

I _____ agree that the City of Pell City may use the contact information I have provided to communicate with me concerning all Parks & Recreation events and activities, as well as other public announcements. By signing this agreement, applicant agrees to all terms and conditions as stated herein.

To sign up for important updates regarding
Pell City Youth Softball text
@34a76e to 81010

Payment Method: Cash _____ Check _____ Check No. _____
Receipt No. _____ Employee Initials _____

Code of Conduct

Pell City Parks and Recreation strives to maintain an atmosphere of respect and courtesy for its patrons. It is required that all patrons exhibit appropriate social behavior and utilize the City facilities in a respectful and suitable manner. Violent or abusive behavior and/or language will not be tolerated at any facility or during any event. Deliberate destruction, damage, or misuse of City property is strictly prohibited. Behavior that violates this Code of Conduct may result in the revocation of use privileges or legal action, where severity dictates. Employees of the City of Pell City reserve the right to take all actions necessary to provide a safe, peaceable, and enjoyable environment for all participants. I, _____ acknowledge that I have read and understand the code of conduct.

Parental Consent

I, _____ am the legal parent or guardian of _____. I hereby acknowledge that my child is in good general health. I give permission for my child to participate in any and all activities associated with the youth sports program specified by this registration form.

Emergency Medical Authorization

I hereby grant my permission for any and all emergency medical/dental treatment and/or first aid to be administered to my child/participant, including authorizing any medical treatment facility/hospital to administer emergency treatment, for any illness/injury/accident resulting from participation in any and all Pell City Youth Sports activity. Initial: _____

Medical Information

Please list any allergies/medical problems, including those requiring routine medications (i.e. diabetes, asthma, seizure disorder etc.)

Release of Liability

I/we the parent(s) and/or legal guardian(s) of the above named child know that participation in Pell City Youth Sports involves certain inherent risks. Participation in activities associated with Pell City Youth Sports programs may result in serious injury (ies), moreover protective equipment does not prevent the risk of injury (ies) to the participant. Therefore I assume all responsibility for said activity and/or child. I authorize the City of Pell City Parks and Recreation Department to obtain necessary medical care and treatment for the said participant for any illness or injury occurring during the activity period, but I understand that PCPARD is not assuming the duty to obtain medical treatment, make medical decisions, or render medical care or treatment to the participant. I release, indemnify and agree to hold harmless, PCPARD and its agents, elected officials, servants, and employees from all claims, actions, causes of actions, and rights of recovery, or reimbursements of any type that I may have and that any participant has or may have in the future which arise from or are related in any manner to the activity(ies)(including, but not limited to, claims of bodily injury and property damage or loss), and I assume all risks and hazards incident to such activities and transportation to and from the same. This instrument is signed both individually and on behalf of the participant(s) present at activity(ies).Initials _____

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____