



# YOUTH MALE PARTICIPATION APPLICATION

(Please Print Information)

PARKS & RECREATION DEPT.

Player Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Age \_\_\_\_\_ Birthdate \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Activity \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Family Physician \_\_\_\_\_

Permission Granted by \_\_\_\_\_ Relationship \_\_\_\_\_ Date \_\_\_\_\_

I Do  Do not want insurance offered through the Douglas Park and Recreation Dept.

I Do  Do not live in the city limits of Douglas.

Signature \_\_\_\_\_

I Do  Do not live in Coffee County.

If applicant is minor, parents, or guardians signature is required.

Did you play last year?  Yes  No

Team \_\_\_\_\_

For Office Use Only

B/C \_\_\_\_\_ FEE. \_\_\_\_\_ INT. \_\_\_\_\_

1st \_\_\_\_\_ 2nd \_\_\_\_\_ 3rd \_\_\_\_\_ Child

I / We, the parents of the above-named boy or girl, hereby give my / our approval for his / her participation in activities during the current season. I / We hereby assume all risks and hazardous incidents to the conduct of the activities and transportation to and from activities. I / We do further hereby release, absolve and hold harmless the City of Douglas and Douglas Park & Recreation Dept., the organizers of the activities, sponsor, the supervisors, and any or all of them. In case of injury to my / our son / daughter I / We hereby waive all claims against the organizers, the sponsors, or any of the supervisors appointed by them. I / We likewise release from responsibility any person transporting my / our son / daughter to or from the activity.

In case of injury, I / We, the parents of the above named boy or girl, hereby give my / our permission the person in charge of the activity to take our son / daughter to the doctor or hospital for treatment.

Parent's Signature \_\_\_\_\_

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