

# FLORENCE PARKS AND RECREATION REGISTRATION FORM

(PLEASE CIRCLE ONE)

BASEBALL    SOFTBALL    T-BALL    FOOTBALL    CHEERLEADING

Birth Certificate # _____	Amount Paid: _____	Receipt # _____
Birthdate: _____	Age Group: _____	M / F    Cash _____ Check# _____

Child's Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_\_

Name your child prefers to be called: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

Address: (Street) \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ School: \_\_\_\_\_ Email: \_\_\_\_\_

List medical problems we should be aware of: \_\_\_\_\_

Emergency Contact (other than parents): \_\_\_\_\_ Phone: \_\_\_\_\_

If sibling is playing this year, list their name(s): \_\_\_\_\_

Father's Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ Phone: \_\_\_\_\_

Will help with (circle one or more)      Ref      Coach      Sponsor

Mother's Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ Phone: \_\_\_\_\_

Will help with (circle one or more)      Ref      Coach      Sponsor

This registration is a binding agreement that the player has an obligation to complete their requirements as a registered member of this sports organization. I, the parent/guardian of the registrant, a minor, agree that I will abide by the Policies, Rules and Regulations of the City of Florence, and its affiliated organizations. Recognizing the possibility of physical injury associated with the sport and that the City of Florence is accepting the registrant for its sports programs and activities, I hereby release, discharge and/or otherwise indemnify the City of Florence, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of the fields and facilities utilized for the program, against any claim by or on behalf of the registrant as a result of the registrant's participation in the program and/or being transported to and from the same. As the parent or legal guardian of the above registrant, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine, Family Nurse Practitioner, or Dentist. This care may be given under whatever conditions are necessary to preserve the life, limb, or wellbeing of the registrant. PARENTS AND GUARDIANS: YOUR INSURANCE IS PRIMARY IN THE EVENT OF AN INJURY OR ACCIDENT. Football players, cheerleaders, baseball players, coaches and referees are covered through Pullen Insurance Services. There is no medical or accident insurance for spectators or others who use the facilities at the park. In the event of an accident or injury, persons wishing to file a claim against the City must complete and file a City of Florence Accident/Injury Report within 24 hours of the accident or, if it happens on a weekend, the next business day. The claim will be forwarded to the City's liability carrier and the City will abide by the determination of its liability carrier as to what money, if any, will be paid.

### Image Release Form

In consideration of participation in the City of Florence Parks and Recreation sports program, the undersigned agrees that their likeness or the likeness of their child may be photographed or videotaped and that such image may be published in an outlet used to promote or publicize the sports program.      Accept \_\_\_\_\_      Decline \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date

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