

Metro Parks & Recreation Youth Sports & Athletic League

Sign-Up Form

T-BALL – SOCCER – BASKETBALL – SOFTBALL – VOLLEYBALL – FLAG FOOTBALL

Season of 20____

Participant Name: _____ Playing location: _____

Male Female DOB: _____ Age: _____

Mailing Address: _____

City: _____ State: Tennessee ZIP: _____

Phone Number: _____ School: _____ Grade: _____

Name of Parent/Guardian: _____

Home Phone Number: _____ Work Phone Number: _____

Cell Phone Number: _____ Email Address: _____

Does your child have any medical condition? Yes No

If you answered yes, please provide detailed information: _____

What day will you like to practice on? Monday Tuesday Thursday All

Did your child play last year? Yes No Playing location: _____

If so, who was the coach? _____

Do you have a request for a coach this year? Yes No

If so, who is the coach? _____

Would you be interested in becoming a volunteer coach? Yes No

What age group would you be interested in coaching? 4-6

Emergency Contact Information:

Name: _____

Phone Number: _____

Alternate Phone Number: _____

Relationship to Participant: _____

Child's Shirt Size: Youth Small Youth Medium Youth Large Adult Small

Child's Pants Size: Youth Small Youth Medium Youth Large Adult Small

WAIVER: I, parent or guardian of the above named participant, hereby waives all claims against the City of Nashville, the Parks Department, and any other personnel involved in any injury or accident while participating in this program. I also grant permission to managing personnel or other representatives to authorize and obtain medical care should the above participant become ill or injured when neither parent nor guardian is available to grant authorization for emergency treatment. I also certify that all information on this form is true and that misrepresentation could result in suspension from this league.

Parent or Guardian Signature

Date: _____

FOR OFFICE USE ONLY

Amount Paid: _____	Receipt # _____
<input type="checkbox"/> Credit Card # _____	<input type="checkbox"/> Cash <input type="checkbox"/> Money Order
Birth Certificate on File:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Staff Member: _____	Date: _____

