

Dallas Park and Recreation Department
Youth Sports Registration Form



Season: **Fall** **Winter** **Spring** Year: _____

Basketball	Soccer	Baseball	Other:
AGE: 4-6 7-8 9-10 11-12	AGE: 4-6 7-8 9-10 11-12	AGE: 4-6 7-9 10-12	AGE:

Last Name:	First Name:	DOB:
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Street Address:	Apt #:	City:	State:
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Zip Code:	Phone #:	Age:	Gender:
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Father's Name:	Work #:	Cell #:
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Mother's Name:	Work #:	Cell #:
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E-Mail Address:

Emergency Contact Name:	Phone #:
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Family Physician:	Phone #:
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Player's Medical Conditions:	Coach/Team Request:
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School:	Grade:	Family members participating in league
UNIFORM SHIRT SIZE (circle one)		
Youth XS S M L XL	Adult S M L XL	

PARENT AGREEMENT

Please initial each statement below indicating that you have read and agree to DPARD policies and procedures.

_____ Please register my child with Dallas Park and Recreation Department Sports program. I understand that the purpose in mind is recreational in nature and that all decisions will be made, with no appeal, with that purpose in mind.

_____ I, parent/legal guardian of the child, a minor, agree that the registrant and I will abide by the rules set forth by officials.

_____ I hereby agree to hold harmless the City of Dallas, it's employees, volunteers, and elected officials for any loss or injury as a result of participation in activities at it's recreational facilities under it's programs.

_____ As the parent/legal guardian of the above-named participant, I hereby give consent for emergency medical care prescribed by a licensed Doctor of Medicine or Doctor of Dentistry. This care may be performed under whatever conditions are deemed necessary to preserve the life, limb, or well-being of my dependent.

_____ I further grant the City of Dallas parties the right to use the player's names, pictures and/or likeness in printed, broadcast and other material concerning the programs provided such use is related to the player's status as a participant in the programs.

_____ I have received a copy of the Dallas Park and Recreation Department's Parent and Coaches code of conduct guidelines.

_____ Refund Policy: Refunds will granted up to five (5) business days prior to the 1st day of scheduled practice, less a \$5 administrative fee. Refunds less than five (5) business days will not be granted due to non recoverable league costs.

PARENTAL SUPPORT

We ask for active participation of all parents in our program. Circle area(s) in which you would be willing to help.

Head Coach	Fund Raising
Asst. Coach	Team Parent
Team Mgr	Special Projects
Official	Field Preparation

OFFICIAL USE ONLY

Amount Paid: _____

Birth Certificate: Y N

Scholarship: Y N

League Name: _____

Season: _____

Received by: _____

Name: _____ Signature: _____ Date: _____
Parent/Legal Guardian (please print)