

# Summer Clinics Registration Form

Participant's Name \_\_\_\_\_  
First Name Middle Name Last Name

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ Sex: M / F

Mailing Address: \_\_\_\_\_ **AL** \_\_\_\_\_  
STREET / P.O. BOX CITY ZIP

HM Phone: ( ) \_\_\_\_\_ WK Phone: ( ) \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ ( ) \_\_\_\_\_  
NAME RELATIONSHIP PHONE NUMBER

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If participant is under the age of 18, fill out the following:

Mother's Name: \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Father's Name: \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Other means of contact: Cell( ) \_\_\_\_\_ Pager( ) \_\_\_\_\_  
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## Please Check Appropriate Box and Place Description of Camp in the Blank Provided:

Football  Boys Basketball  Girls Basketball

Strength Training  Soccer  Softball  Baseball

Please note any allergies, physical disabilities requiring accommodation, or required medication for the participant: \_\_\_\_\_

### PLEASE READ AND SIGN BELOW:

For and in consideration of the acceptance of my child(ren)'s registration fee, for participation in the summer athletic programs sponsored by the Daphne Recreation Department, I, the undersigned, as parent and or legal guardian of the said minor child(ren) for myself, my executors, administrators, heirs, and assigns, do hereby release, indemnify, and forever hold harmless and discharge the City of Daphne and its officers, agents, and employees, assigns, contributors and or volunteers from any and all claims for damages, demands, or causes of actions whatsoever in any matter arising out of or resulting from my child(ren)'s participation in the City of Daphne Recreation programs, including but not limited to, travel to and from any sponsored activities. I further hereby waive any and all rights of subrogation that I might have resulting from any claims or causes of action resulting there from.

\_\_\_\_\_  
Participant / Parent / Guardian

\_\_\_\_\_  
Date

DO NOT WRITE BELOW THIS LINE  
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Registration Fee: \$ \_\_\_\_\_  Paid in Full  Waived (Reason: \_\_\_\_\_)

Means of Payment:  Check  Cash  Other \_\_\_\_\_ Receipt Number: \_\_\_\_\_

Registration Completed By: \_\_\_\_\_  
EMPLOYEE

League Assigned: \_\_\_\_\_ Age Division: \_\_\_\_\_