

**City of Columbia Parks and Recreation
Youth Athletic Registration Form**



Please check the sport that your child is interested in participating. Cost: \$25 per participant

- | | |
|---|---|
| <input type="checkbox"/> Youth Winter Basketball (9-17) | <input type="checkbox"/> Youth Soccer (3-14) |
| <input type="checkbox"/> Youth Baseball (9-14) | <input type="checkbox"/> City Hoops Instructional Basketball (4-8) |
| <input type="checkbox"/> Youth Volleyball | <input type="checkbox"/> City Sluggers Instructional Baseball (4-8) |
| <input type="checkbox"/> Youth Summer Basketball (8-18) | <input type="checkbox"/> Double Dutch (5-17) |
| <input type="checkbox"/> Swim Team (6 - 18) | <input type="checkbox"/> Youth Girls Softball (9 - 14) |
| | <input type="checkbox"/> Track & Field (9 -14) |

**IMPORTANT: APPLICATIONS WILL NOT BE PROCESSED WITHOUT REQUESTED
BIRTH INFORMATION AND PARENT/GUARDIAN SIGNATURE.**

PARTICIPANT'S NAME: _____ **AGE:** _____ **SEX:** _____

Date of Birth: _____ **Shirt Size: Youth: XS S M L Adult: S M L XL**

Address _____ **City, State, Zip** _____

PARENT/ GUARDIAN NAME(S): _____

Home # _____ **Cell #** _____ **Email:** _____

Will volunteer as a: **Coach:** _____ **Assistant Coach:** _____ **Team Parent:** _____

Does your child receive free or reduced lunch? _____ **Verification will be required**

LIABILITY STATEMENT:

In consideration of the events and facilities provided by the City of Columbia, its employees, agents, sponsors and officers, I hereby release and forever discharge the aforementioned from any and all liability arising out of my child's participation in or travel to and from the park.

I am fully aware of the risk inherent to participation in physical activities and should not allow my child(ren) to participate unless medically able. I assume all risks associated physical activities(sports and games).

I agree that photographs, recordings or any other records may be collected and used for the purpose of administering and promoting programs operated or sponsored by the City of Columbia.

In case of accident or illness, I authorize a representative of the City of Columbia to obtain immediate care deemed necessary by licensed medical personnel.

Parent/Guardian Signature

Date

Receipt #

Date
