



SPORTS REGISTRATION FORM

In order to validate registration you must complete the front & back of this form

Sport/ Activity to register: _____

Participant's Name: _____

Date of Birth: ____/____/____ Grade: _____ Gender: Male/Female

Mailing Address: _____

City/Town: _____ Zip: _____

Home Phone: _____ Cell: _____

The information below will be used to create an online registration account for your family. Please indicate the primary account holder's information by placing an asterisk next to the information. Note: Email address must be filled out.

Mother's Name: _____ Phone: _____ Cell: _____

Address: _____ City/ State/ Zip: _____

Email: _____

Father's Name: _____ Phone: _____ Cell: _____

Address: _____ City/ State/ Zip: _____

Email: _____

If you are not the parent but the legal guardian of this participant please put an X here _____

Emergency contact person: _____ Phone: _____
(other than parents)

Doctor's Name: _____

Phone: _____ Hospital Preference: _____

Insurance Company: _____ ID _____ Insured: _____

Date of Participant's Last Physical Examination: ____/____/____

1. Has your child had any injuries to the skeletal system? Yes No
If yes, please list _____

2. Has your child ever suffered from asthma? Yes No
If yes, please list any medications/ inhalers he/ she uses _____

3. Does your child have any major allergies? Yes No
If yes, please list _____

4. Does your child suffer from any cardiovascular problems? Yes No
If yes, please specify _____

5. Is your child currently taking any medications? Yes No
If yes, please list _____

6. Has your child ever had seizures? Yes No
If yes, please explain _____

If there are other health issues we should know about please describe them below _____

In signing below you acknowledge that all information contained in this document is accurate to the best of your knowledge. You also agree to share any new medical diagnosis or health problems that may arise during participation in any PRD program.
Parent/ guardian Signature: _____ Date: _____

CONSENT FOR MEDICAL TREATMENT & RELEASE

- In consideration of being permitted to participate in any program or activity offered by the Poland Recreation Department, I do hereby, for myself, my dependents and administrators, waive and release any and all claims I may have against the Poland Recreation Department, its employees, various sponsoring agencies, and paid and non-paid volunteers.
- I understand that although a physician's examination is not required for registration, it is highly advisable that any participant consult with a physician before participation in athletic and strenuous activities.
- As the parent or legal guardian of the named participant, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of my dependent.
- I have read this form and understand its content and request registration in this Poland Recreation Department program.

Signature of parent/guardian: _____

Date: _____ Home Phone Number: _____



Photo Release/ Consent Form

I _____ give permission for the Poland Recreation Department to take and use photos of my child in advertisements, fliers, web-site pages, newspapers and other publicly displayed areas for promotional purposes. My child's name shall not be used in conjunction with his/her picture unless other permission is granted.

Signature: _____

Date: _____