

**CLYDE RECREATION DEPARTMENT
REGISTRATION FORM
(419) -547-6205**

PLEASE PRINT

SPORT PLAYING: _____

CHILD'S NAME: _____

PARENT NAME: _____

ADDRESS: _____

BIRTH DATE: _____ **PRESENT AGE:** _____

PHONE # _____

T-SHIRT SIZE - PLEASE CIRCLE: YTH SM YTH. MED YTH. LG. AD. SM.

***IF NO SIZE IS CIRCLED YOUR CHILD WILL RECEIVE A YOUTH LG.**

PARENTS PLEASE READ

MY SIGNATURE BELOW INDICATES I UNDERSTAND THAT I ASSUME FULL RESPONSIBILITY FOR ANY INJURY TO MY CHILD OR PERSONAL LOSS INCURRED WHILE HE OR SHE IS PARTICIPATING IN ANY CLYDE RECREATION DEPARTMENT ACTIVITY, AND ALSO RELEASES THE CITY OF CLYDE, THE RECREATION BOARD, AND ALL EMPLOYEES OF THE RECREATION DEPARTMENT FROM ANY LIABILITY FOR INJURY OR PERSONAL LOSS.

ALSO PLEASE REMEMBER THAT THE PURPOSE OF THESE SPORTS IS FOR YOUR KIDS TO LEARN AND HAVE FUN. WINNING OR LOSING IS NOT A BIG CONCERN AT THIS LEVEL OF COMPETITION. THEREFORE HARASSMENT OF PLAYERS, UMPIRES OR COACHES WILL NOT BE TOLERATED.

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

FEEES FOR ACTIVITY ARE:
ONE CHILD----- \$ 20.00

THIS FORM MUST BE SIGNED BY A PARENT OR LEGAL GUARDIAN & ALL FEES PAID BEFORE A PLAYER CAN BE PUT ON A TEAM !.

IF YOU ARE INTERESTED IN BEING A VOLUNTEER COACH PLEASE INITIAL: _____