

CLYDE RECREATION DEPARTMENT
SPORTS SIGNUP FORM

FIRST NAME: _____

LAST NAME: _____

GRADE: _____ AGE: _____

PHONE #: _____ EMERGENCY PHONE #: _____

PLEASE CIRCLE SHIRT SIZE

YS(6-8) YM(10-12) YL(14-16) AS AM AL AXL A2XL

*If not circled your child will receive a youth medium.

Parents Please Read and Sign

My signature below indicates I understand that I assume full responsibility for any
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 THIS SPORT IS FOR YOUR CHILD TO
LEARN AND TO HAVE FUN. WINNING OR LOSING IS NOT A BIG CONCERN AT THIS LEVEL OF
COMPETITION. THEREFORE, HARASSMENT OF PLAYERS, REFEREES OR COACHES WILL NOT
BE TOLERATED.**

PARENT/GUARDIAN
SIGNATURE: _____ DATE _____

FEE FOR SPORT: \$25 per child - checks may be written out to Clyde Recreation Department

The form must be signed by a parent or legal guardian and all fees must be paid before child can be placed on a team!

If you are interested in being a volunteer coach please write name and phone number.

Name: _____ Phone #: _____

