

STONEVILLE RECREATION SPORTS REGISTRATION FORM

107 S HENRY ST

STONEVILLE, NC 27048

(336) 573-9393

PLEASE FILL OUT THIS FORM COMPLETELY

PARTICIPANT INFORMATION:

NAME: _____ BIRTHDATE: _____ Age: _____

ADDRESS: _____ CITY/STATE/ZIP _____

PHONE: _____ MALE: _____ FEMALE: _____

PARTICIPANTS DOCTOR: _____ PHONE: _____

IS PARTICIPANT ON MEDICATION? Y ___ N ___ EXPLAIN: _____

INDICATE ANY HEALTH CONDITIONS OF PARTICIPANT: _____

PLEASE CIRCLE SIZE BELOW: (XS=2/3 S=4/6 M=7/9 L=10/12 XL=14/16) Y= YOUTH A= ADULT

TOP: YXS YS YM YL YXL AS AM AL AXL

PARENTS AND EMERGENCY INFORMATION:

MOTHER'S NAME: _____ EMPLOYER: _____

PHONE: (H) _____ (W) _____ (C) _____

EMAIL: _____ TEXT: Y ___ N ___

FATHER'S NAME: _____ EMPLOYER: _____

PHONE: (H) _____ (W) _____ (C) _____

EMAIL: _____ TEXT: Y ___ N ___

CONTACT OTHER THAN PARENTS IN CASE OF EMERGENCY: _____

PHONE: (H) _____ (W) _____ (C) _____

I WOULD LIKE TO COACH - NAME: _____ PHONE #: _____

AGE GROUP: _____ CHILD AFFILIATED WITH: _____

AGREEMENT:

I, THE UNDERSIGNED PARENT/GUARDIAN, HEREBY CERTIFY THAT I ASSUME ALL RISK(S) AND HAZARDS INCIDENTAL TO THE CONDUCT OF THIS PROGRAM AND FOR THE TRANSPORTATION TO AND FROM THE PROGRAM. IN THE EVENT THAT I CANNOT BE REACHED TO MAKE ARRANGEMENTS FOR EMERGENCY MEDICAL ATTENTION AT THE TIME OF THE ILLNESS OR ACCIDENT, I HEREBY AUTHORIZE THE PHYSICIAN SELECTED BY THE STONEVILLE LEADERSHIP STAFF AND OTHERS TO SECURE PROPER TREATMENT DEEMED NECESSARY INCLUDING TRANSPORTATION TO THE NEAREST MEDICAL FACILITY.

TODAY'S DATE: _____

SIGNATURE OF PARENT/LEGAL GUARDIAN

CIRCLE ONE:

- Soccer Youth-----\$40.00 *
- Basketball Youth-----\$40.00 *
- Basketball Uniform Fee-----\$20.00
- Volleyball Youth-----\$40.00 *
- T-Ball/Coach Pitch-----\$40.00 *
- T-Ball/Coach Pitch Uniform Fee-----\$30.00
- Softball/Baseball Youth-----\$40.00 *
- Softball/Baseball Uniform Fee-----\$30.00
- Adult Volleyball-----\$55.00 Per Team
- Adult Basketball-----\$20.00 Per Player
- Adult Softball-----\$65.00 Per Team
- Adult Softball-----\$20.00 Per Player
- Adult Pickleball-----\$20.00 Per Player

\$5.00 discount for multiple children in same family

NO REFUNDS

MAKE CHECKS PAYABLE TO: TOWN OF STONEVILLE

The Town of Stoneville is an Equal Opportunity Employer
WEBSITE: WWW.STONEVILLENC.ORG