



PC REC SPORTS REGISTRATION FORM

<i>Office Use Only</i>
Date: _____
Amount paid: \$ _____
Receipt #: _____

Please Check Sport: Baseball/Softball Soccer Football Basketball

Uniform Size: YXS YS YM YL AS AM AL Other

Complete the personal information in the box below (Only one child per form):

Parent's Email Address (Required): _____
Child's name _____
Sex <input type="checkbox"/> M <input type="checkbox"/> F Age: _____ DOB: _____
School attending: _____
Home address: _____ City: _____ Zip: _____
Mother's name: _____ Cell#: _____ Work#: _____
Father's name: _____ Cell#: _____ Work#: _____
Siblings participating: _____

My undersigned signature confirms my understanding that participation in this leisure activity is on a voluntary, amateur basis and that there may be an element of risk involved.

PC Rec is not responsible for any injuries or an accident sustained and encourages all participants to obtain insurance for player protection.

By acceptance of these conditions, I do, on behalf of myself, heirs and legal representative, hereby release and forever discharge PC Rec, and all its representatives from any and all claims and demands of every kind, mature and character, for any and all damages, losses, or injuries which may be sustained by the registrant in connection with any aspect of participation in this voluntary amateur activity.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

Volunteers Needed (please check all that you might be interested in): Coach Assistant Coach Other Volunteer

Office Located @ Multi-Use Facility 1400 Major Parkway, New Roads, LA 70760

Office Hours: Monday through Friday from 7:30 a.m. to 4:00 p.m.

Phone Number: 225-638-3870

DO NOT SEND BACK TO SCHOOL!

Please Mail Forms to the above or bring to PC Rec Office located @ Multi Use Facility

