

MOUNTAIN VIEW RECREATION CENTER, INC.

P.O. Box 10001, Hickory, North Carolina 28603

ATHLETIC PARTICIPATION FORM FOR SPORTS ACTIVITIES

SPORT: _____

Player Name: _____ Birth date: _____ Phone: _____
(LAST) (FIRST) (M.I.) (MO/DAY/YEAR)

Address: _____ City _____ State _____ Zip _____

School: _____ Grade: _____

Sex: Male Female Shirt Size (Circle One): YS, YM, YL, AS, AM, AL, AXL, AXXL

Parent's Name: (Father) _____ (Mother) _____

Legal Guardian if different from above: _____

Family Doctor: _____ Practice: _____ Phone: _____

Any medical conditions that we need to know about: _____

Would you be willing to **COACH** a team? YES (Head or Assistant) NO

What age group/sport? _____ If chosen to coach, what size shirt do you wear? _____

Did you coach this sport last year? YES NO Team/Sport _____

Would you be willing to **SPONSOR** a team? YES NO Which team? _____

Are you a current Corporate Sponsor? YES NO Which Sponsor? _____

Did you play this sport last year at Mountain View? _____ If no, where: _____

Are you interested in becoming a Mountain View Recreation Center BOARD MEMBER? YES NO

Email Address: _____

PARENTAL PERMISSION

We agree for the privilege of our child to play organized _____ for Mountain View Recreation Center, Inc. I/We do hereby give my/our approval to his/her participation in any and all of the activities. I/We do assume all risks and hazards incidental to the conduct of the activities. I/We will provide transportation to and from the activities and do further hereby release, absolve, indemnify and hold harmless the MOUNTAIN VIEW RECREATION CENTER, the Organizers, Sponsors, Board Members and Coaches. In case of injury to my child, I/We hereby waive all claims against the Organizers, Sponsors, Board Members, or Coaches. If my child receives a uniform, I/We shall aid him/her to take care of the uniform and shall see that the uniform is turned in, in clean condition when called for by his/her Coach. This will be enforced by the League. I/We also grant permission for treatment deemed necessary for any condition arising during these activities, prior to treatment. I/We understand that accident insurance is not provided by the Recreation Center as part of my registration fee and we are responsible for all medical expenses.

Parent/Guardian Signature: _____ **Date Signed:** _____

My/Our child is now _____ years old.

A completed registration form with Parent or Guardian Signature and registration fees are paid in full is **required** before your child will be added to a team or allowed to tryout. A registration form will not be accepted unless accompanied by the registration fee.

Registration Fee: \$ _____ Paid: (Cash) _____ (Check) _____ (#) _____

BOARD MEMBER SIGNATURE: _____ **DATE RECEIVED** _____