

Spring Lake Recreation Community Center  
245 Ruth Street  
Spring Lake, NC 28390  
(910) 436-0011 (Athletics Extension 240)

## ***Youth Athletics Participation Form***

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender (please circle one)    MALE            FEMALE

School Name \_\_\_\_\_ Grade \_\_\_\_\_

My Child played for \_\_\_\_\_ team last year (if in Spring Lake only)

Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home #:(    ) \_\_\_\_\_ Work #:(    ) \_\_\_\_\_ Cell #:(    ) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

*Please circle the sport your child will be registering for*

### **Fall Athletics**

(Age cutoff for these sport is August 1<sup>st</sup>, 2007)  
8/1/07 \_\_\_\_\_

Childs Age as of

***Soccer          Football          Cheerleading          Girls Volleyball***

### **Winter Athletics**

(Age cut off for this sport is March 30<sup>th</sup>, 2008)

Childs Age as of 3/30/08 \_\_\_\_\_

***Basketball***

### **Spring Athletics**

(Age cutoff for this sport is April 30<sup>th</sup>, 2008)

Childs Age as of 4/30/08 \_\_\_\_\_

***Youth Baseball/Girls Softball***

Please read and Sign:            I give my child permission to participate in the above named activity. I understand that Spring Lake Recreation requires insurance coverage on all participants. I am fully aware that this activity could cause harm or injury to my child. In the event of an injury, I will not hold the Town of Spring Lake, their volunteers, employee's agents, and/or representatives responsible or liable. I also give the Spring Lake Recreation Department permission to give and/or seek medical attention to my child as deemed necessary by the Recreation Staff.

Parents Signature: \_\_\_\_\_

Office Use only:    Receipt # \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Birth Certificate \_\_\_\_\_ Staff Initial \_\_\_\_\_