



Amt. Pd. \_\_\_\_\_

Date Pd. \_\_\_\_\_

Employee Verification: \_\_\_\_\_

## BESSEMER CITY RECREATION DEPARTMENT REGISTRATION FORM

**SPORT**      Basketball \_\_\_\_\_ Softball \_\_\_\_\_ Soccer \_\_\_\_\_ Cheerleading \_\_\_\_\_

Childs Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Male: \_\_\_\_\_ Female: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

I am willing to volunteer for:                      check one  
Coach \_\_\_\_\_ Asst. Coach \_\_\_\_\_ Referee \_\_\_\_\_ Umpire \_\_\_\_\_

Other-specify: \_\_\_\_\_

Shirt Size:      Youth SM \_\_\_\_\_ Youth Med \_\_\_\_\_ Youth LG \_\_\_\_\_  
Check One      Adult Med \_\_\_\_\_ Adult LG \_\_\_\_\_ Adult XL \_\_\_\_\_ Adult XXL \_\_\_\_\_

**Note:**                      *Registration fee covers: Shirts, Supplemental Insurance, Trophies and Other League Expenses*

*Special Requests \*\*\* No Guarantee* \_\_\_\_\_

Refund Policy: Refunds will only be issued should the B. C. Recreation Department disband, the League fold, or there not be enough players to participate in the sport. **NO REFUND** if player quits, or elects not to play.

I hereby permit my child to participate in the Bessemer City Recreation Department's youth sports program. I understand and fully accept that there are risks involved in sports, and that accidents and injuries may occur. I hereby release and hold harmless the City of Bessemer City, Bessemer City Rec. Department, staff, coaches, program officials, supervisors and volunteers from all liability, and from all actions or claims that I or my child may have for damage, injury, or illness, resulting from the actions or negligence of any employee or volunteer in connection with my child's participation.

In case of medical emergency, I hereby give permission to the Bessemer City Rec. Staff to order treatment for my child. This includes any necessary medical treatment necessary. I understand that an attempt will be made to reach a parent or guardian as soon as possible. I also understand that all related medical costs are my responsibility

This form must be completed by the parent/guardian of all participants in team sports. Please complete and return to office prior to participation.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date