

Prattville Department of Leisure Services Registration Form

Return Address
101 West Main Street
Prattville, AL 36067

Shirt Size _____

Please indicate youth or adult size
If you do not specify a shirt size your
child will receive the most common
Shirt size for his/her age group

Program Name

Participants Name

(_____) Name called

Address (P.O. # and/or street)

City

Zip

(_____) County

To be filled out by parent or guardian

Birthday: _____ Today's Age: _____

School Attending: _____ Grade: _____

Mother's Name (_____) (_____) E-mail : _____
Work Phone Home Phone

Father's Name (_____) (_____) E-mail : _____
Work Phone Home Phone

I would like to volunteer in this program as:

Head Coach: ___ Assistant Coach: ___ Team Mother: ___ Sports Official: ___ Chaperone: ___

Waiver of Liability

I, the undersigned, understand and acknowledge that participating in a recreational activity can be hazardous and I realize that no one should enter into a recreational activity unless the participant is medically able. I/We assume all risks associated with this activity including, but not limited to: falls, contact with other participants or equipment, effect of weather, equipment failure, and condition of the playing area. I fully understand that it is my responsibility to ascertain if this specific activity contains other elements of risk that could prove to be harmful to a participant

Having read this waiver and in consideration of acceptance of my entry into the program, I and everyone entitled to act on my behalf waive and release the City of Prattville, The Department of Leisure Services, its co-sponsors, their representatives and successors from all claims and liabilities of any kind arising out of my participation or my child's participation in this activity.

Signature: _____
Of participant (age 18 and over)
Of Parent or Guardian (if under age 18)

Today's Date: _____

Office Use Only

Resident Fee: \$ _____ Total Paid: \$ _____ Cash: \$ _____ Check: _____

Received By: _____ Date: _____
