

Metro Parks & Recreation Youth Sports & Athletic League

Sign-Up Form

T-BALL – SOCCER – BASKETBALL – SOFTBALL – VOLLEYBALL – FLAG FOOTBALL

Season of 20__

Participant Name: _____ **Playing location:** _____

Male Female **DOB:** _____ **Age:** _____

Mailing Address: _____

City: _____ **State:** Tennessee **ZIP:** _____

Phone Number: _____ **School:** _____ **Grade:** _____

Name of Parent/Guardian: _____

Mailing Address: _____

City: _____ **State:** Tennessee **ZIP:** _____

Home Phone Number: _____ **Work Phone Number:** _____

Cell Phone Number: _____ **Email Address:** _____

Does your child have any medical condition? Yes No

If you answered yes, please provide detailed information: _____

Did your child play last year? Yes No **Playing location:** _____

If so, who was the coach? _____

Do you have a request for a coach this year? Yes No

If so, who is the coach? _____

Would you be interested in becoming a volunteer coach? Yes No

What age group would you be interested in coaching? 4-6 7-9 10-12 13-15

Emergency Contact Information:

Name: _____ Phone Number: _____

Alternate Phone Number: _____

Mailing Address: _____

City: _____ State: Tennessee ZIP: _____

Relationship to Participant: _____

Child's Shirt Size: Youth Small Youth Medium Youth Large Adult Small
 Adult Medium Adult Large Adult X Large Adult XX Large

WAIVER: I, parent or guardian of the above named participant, hereby waives all claims against the City of Nashville, the Parks Department, and any other personnel involved in any injury or accident while participating in this program. I also grant permission to managing personnel or other representatives to authorize and obtain medical care should the above participant become ill or injured when neither parent nor guardian is available to grant authorization for emergency treatment. I also certify that all information on this form is true and that misrepresentation could result in suspension from this league.

Parent or Guardian Signature

Date: _____

FOR OFFICE USE ONLY

Amount Paid: _____	Receipt # _____
<input type="checkbox"/> Check # _____	<input type="checkbox"/> Cash <input type="checkbox"/> Money Order Date: _____
Birth Certificate on File: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Staff Member: _____	



** PRINT OFF AND TAKE TO THE LOCATION YOU WISH TO PARTICIPATE **