

YOUTH SPORTS REGISTRATION FORM

Sport:	Baseball	Basketball	Cheerleading	Dance Troupe	Flag Football
	Soccer	Softball	T-ball	Tackle Football	Volleyball
Age Cutoff	f: See information at	www.fvparks.org for c	ut-off ages for specific sport	S.	
Participan	nt Information				
Participant's	Name:				
	First		Middle	Last	
Address:			City:		
State:		Zip Code:			
Participant's * A copy of F	DOB:/_ Participant's Birth Ce	/ rtificate must be turnea	Gender: F M		
T-Shirt Size	(circle one): Youth:	S M L	Adult: S M L X	L XXL	
Parent/Guard	lian Name(s):				
_		n(s) other than Par		er:	
				, please provide the informat	
-				, preuse provide the informat	
MEDICAL	RELEASE AUTHO	RIZATION AND CO	NSENT FOR TREATMEN	T OF CHILD	
any medical necessary by	a qualified medical dervisor the authorizati	or dental treatment for octor or dentist. In the	my son/daugnter or child I a event I cannot be contacted,	, I hereby authorize and a m guardian of (listed above) sh I give the authorized FVPRCR mergency arises while participa	coach and/or activi-
ties and trans volunteers, c	, for myself, and/or as sportation to and from ontractors, and/or spo	the activities. I release nsors, from all risks an	e, absolve, and indemnity the d hazards associated with the	and hazards incidental to the or Town of Fuquay-Varina, emperactivities and in the event of a by the Town of Fuquay-Varin	oloyees of the Town, an injury, do express-
Parent/Guard	lian Print Name:			_	
Parent/Guard	lian Signature:			Date:	

Submit this completed and signed form along with a copy of participant's birth certificate and payment to the Fuquay-Varina Parks, Recreation and Cultural Resources office in the Community Center.

The Community Center is located 820 S Main St Fuquay-Varina, NC 27526.

For questions or to become a volunteer, please call 919-552-1430.

Online registration available at www.FVParks.org.