

Huntsville Patriot League Registration Form

Select Sport			
<input type="checkbox"/> Soccer	<input type="checkbox"/> Football	<input type="checkbox"/> Volleyball	<input type="checkbox"/> Cheerleader
<input type="checkbox"/> Baseball	<input type="checkbox"/> Softball	<input type="checkbox"/> T-ball	<input type="checkbox"/> Basketball

Player's Name Sex: M F DOB

First Middle Last

Address City Zip

Birth Cert. No. - State Email

Shirt Size Pant Size Hat Size

FOR MEDICAL TREATMENT(MINOR)

As a parent or legal guardian of the above named player, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependent.

Signature of Parent /Guardian _____ Date

I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of the City of Huntsville Recreation Services Department. Recognizing the possibility of physical injury associated with athletics and in consideration for the Huntsville Patriot League accepting the registrant injury associated with Sports Programs and activities. I hereby release, discharge and /or otherwise indemnify the league, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of the facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the programs and /or being transported to or from the same, which transportation I hereby authorize.

Signature of Parent /Guardian _____ Date

Parent/Legal Guardian (Please Print)

Phone (Home) (Work) (Cell)

REGISTRATION FEE MUST BE PAID TO COMPLETE REGISTRATION.

----- FOR OFFICE USE ONLY -----

League Age: _____ PAID: Cash Check# _____ Receipt# _____ Received BY _____

Official Registration Date and Time: _____