STONEVILLE RECREATION SPORTS REGISTRATION FORM
101 SMITH ST.
STONEVILLE, NC 27048
(336) 573-9393
PLEASE FILL OUT THIS FORM COMPLETELY

PARTICIPANT INFORMATION:

NAME: _____ BIRTHDATE: _____ Age: _____

ADDRESS: _____ CITY/STATE/ZIP_____

PHONE: _____INSURANCE CO: _____

MALE/FEMALE: _____ HEIGHT: _____ WEIGHT: _____SCHOOL:_____ GRADE: _____

PARTICIPANTS DOCTOR: _____ PHONE: _____

PARTICIPANTS DENTIST: _____ PHONE: _____

IS PARTICIPANT ON MEDICATION Y / N EXPLAIN: _____

INDICATE ANY HEALTH CONDITIONS OF PARTICIPANT: _____

_____

_____

PLEASE CIRCLE SIZE: C= CHILD (XS=2/3 S=4/6 M=7/9 L=10/12 XL=14/16) Y= YOUTH A= ADULT

TOP:	**CXS**	**CS**	**CM**	**CL**	**CXL**	**YXS**	**YS**	**YM**	**YL**	**YXL**	**AS**	**AM**	**AL**	**AXL**
BOTTOM:	**CXS**	**CS**	**CM**	**CL**	**CXL**	**YXS**	**YS**	**YM**	**YL**	**YXL**	**AS**	**AM**	**AL**	**AXL**

PARENTS AND EMERGENCY INFORMATION:

MOTHER'S NAME: _____ EMPLOYER: _____

HOME PHONE: _____ WORK PHONE: _____

FATHER'S NAME: _____ EMPLOYER: _____

HOME PHONE: _____ WORK PHONE: _____

CONTACT OTHER THAN PARENTS IN CASE OF EMERGENCY:

NAME: _____HOME #: _____ WORK #: _____

***I WOULD LIKE TO COACH*-NAME: _____ PHONE: _____**
AGE GROUP: _____CHILD AFFILIATED WITH: _____

The Town of Stoneville is an Equal Opportunity Employer
WEBSITE: www.town.stoneville.nc.us

AGREEMENT:

I, THE UNDERSIGNED PARENT/GUARDIAN, HEREBY CERTIFY THAT I ASSUME ALL RISK(S) AND HAZARDS INCIDENTAL TO THE CONDUCT OF THIS PROGRAM AND FOR THE TRANSPORTATION TO AND FROM THE PROGRAM. IN THE EVENT THAT I CANNOT BE REACHED TO MAKE ARRANGEMENTS FOR EMERGENCY MEDICAL ATTENTION AT THE TIME OF THE ILLNESS OR ACCIDENT, I HEREBY AUTHORIZE THE PHYSICIAN SELECTED BY THE STONEVILLE LEADERSHIP STAFF AND OTHERS TO SECURE PROPER TREATMENT DEEMED NECESSARY INCLUDING TRANSPORTATION TO THE NEAREST MEDICAL FACILITY.

TODAY'S DATE: _____

_____
SIGNATURE OF PARENT/LEGAL GUARDIAN

E-MAIL: _____

TEXT MESSAGE #: _____

CIRCLE ONE:

SOCCER---Youth----------$40.00
CHEERLEADING—Youth----------$40.00
BASKETBALL--Youth----------$40.00
VOLLEYBALL--Youth----------$40.00
T-BALL/COACH PITCH---Youth--------$50.00
ADULT VOLLEYBALL ---------- $65.00 PER TEAM
----------$20.00 PER PLAYER
ADULT BASKETBALL ----------$60.00
PICKLEBALL----------$20.00 PER PLAYER

NO REFUNDS
MAKE CHECKS PAYABLE TO: *TOWN OF STONEVILLE*

_____I WOULD LIKE TO APPLY FOR SCHOLARSHIP