



Player Registration Form

Player Name	First / MI		Last		Age	
School					Grade	
Birthdate	MM	DD	YYYY	Shirt/Jersey Size Youth OR Adult		M F

Parent/Guardian	First / MI		Last		Cell	
Address					Home	
City State Zip	City		State	Zip	Work	
Email Address						
I would like to receive the following emails:	<input type="checkbox"/> ALL emails	<input type="checkbox"/> Flyers, Brochures, etc.	<input type="checkbox"/> Class emails from Instructors/Coaches	<input type="checkbox"/> NO emails		

Emergency Contact 1	NAME		RELATIONSHIP	PHONE NUMBER
Emergency Contact 2	NAME		RELATIONSHIP	PHONE NUMBER

Medical Conditions	

Liability Waiver	My child is voluntarily participating in the indicated program and I release, absolve, clear, hold harmless and waive the responsibility of the City of Winston-Salem, Recreation and Parks Department, Staff and Volunteers of risks and hazards incidental to the implementation of this program.
Photo Waiver	By participating in this public program, the participant (parent/guardian) acknowledges and gives permission for his/her (child/dependent) image/likeness to appear in group photos used by WSRP in promotional material -- printed and/or social media.
Refund Policy	NO refunds will be granted within two weeks of the beginning of a program. Refund requests MUST be presented in writing to the facility supervisor and pending approval of the Athletic Supervisor.

Parent/Guardian Signature		Date	
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FOR OFFICE USE ONLY

PAYMENT

Amount PAID		Cash/ Check#		Receipt#	
		Other			
Staff Signature				Date	
Facility					