

WNC Fall Ball Registration Form



Players Name _____ Gender _____ Date of Birth ____/____/____ Age as of April 2017 _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Would you be willing to coach your child's team? Yes No

Email Address: _____

Participant Information (allergies, limitations, etc) _____

Parent/Guardian Name _____ Phone _____

Emergency Contact _____ Phone _____

Last year's fall team _____ Division _____ Do you want your child to return to same team? Yes No

Shirt Size Circle ONE: YS YM YL YXL/AS AM AL AXL A2X

My child is fit for participation in the event described above and I consent to my child's participation. I have read and I understand the release and indemnification set forth above. In consideration of allowing my child to participate in the event, I consent to it and agree that the terms of the release and indemnification shall likewise bind me, my child, my heirs, legal representatives and assignees. I hereby release, discharge, and shall defend, indemnify and hold harmless the released parties from every claim and any liability that I or my child may allege against the release parties (including reasonable attorney's fees or costs) as a direct or indirect result of injury to me or my child because of my child's participation in the event, whether caused by the negligence of the release parties or others.

Signature of Parent or Guardian: _____ Date: _____

I hereby give permission to Asheville Parks & Recreation to secure emergency medical, dental, and/or emergency surgical treatment, and to provide emergency transportation for the above named minor child while in care. Non-emergency medical treatment or elective surgery is not included in this authorization.

Hospital Preference: _____