OXFORD PARKS & RECREATION
REGISTRATION FORM

Please circle one

Spring/Summer: Wee Ball(3-4 Co-ed) Coach Pitch(5-6 Co-ed) Baseball(Boys 7up)
Fast-Pitch Softball(Girls 7up)

Camps: Basketball Sports Tennis Volleyball Other _____

Fall/Winter: Basketball Baseball Football Softball Tennis Volleyball

CHILD'S NAME (PRINT)_____**MALE**_____ **FEMALE**_____

PARENT/GUARDIAN'S SIGNATURE_____**DATE**_____

PARENT/GUARDIAN (PRINT NAME)_____**E-mail**_____

PHONE (HOME)_____ **PHONE (CELL)**_____ **(W) PHONE** _____

MAILING ADDRESS_____**CITY**_____

PHYSICAL ADDRESS (If Different)_____ **ZIP**_____

CHILD'S BIRTHDATE_____**AGE**_____ **Ethnic Origin (circle): Black White Hispanic Other**

Circle shirt size: **Toddler 2T, 3T, 4T Youth –XS, S, M, L, XL Adult – S, M, L, XL**

☐ **Return to same team (if child played last year)** or ☐ **Place in draft**

Last year's team name_____ ☐ **Did not play last year**

If your child participated in this activity last year, he/she will be assigned to the same team unless his/her age advances your child to another age division or you select to return your child to the draft.

I/We the parents or guardians of the above named participant in the Oxford Recreation Department sponsored activity, hereby give my/our consent for his/her participation in the above mentioned program during the current season. I/We understand that due to the nature of the above-mentioned activity, injuries may occur. I/We understand there are certain risks and hazards associated with my/our child's participation in this program.

I/We hereby agree to relieve the City of Oxford, the Oxford Recreation Department, the volunteer coaches, the Granville County Board of Education, or owners of selected sites, of any liability due to injury sustained during the above mentioned activity sponsored by the Oxford Recreation Department including travel to and from.

I/We authorize the coach, team parent, and/or staff member of the Oxford Recreation Department to seek Emergency Medical attention for my/our child in the event an injury occurs in my absence.

I/We agree to return the uniform and other equipment issued to my child in the same condition as when it was received except for normal wear and tear. I understand that if this property is not returned when requested, I am obligated to pay for it at replacement value and my/our child may not be allowed to participate in Recreation activities until the replacement value is collected. I/We understand that my/our child may be suspended from the program for use of profanity, abusive behavior at staff or volunteer coaches, damage to property or other violations of the code of conduct as specified.

I/We hereby give my/our consent for my/our child's photograph and/or name to be placed on the Department's Web page.

HEALTH PROBLEMS/LIMITATIONS (Yes)_____(No)_____*NOTE: If your child has any physical disabilities or conditions that may prohibit normal participation without significant risks to his/her health, that information must be attached to this application listing the disability and special needs/care.

PARENT OR GUARDIAN'S INSURANCE CO._____

All participants are required to have insurance coverage before taking part in departmental activities. You may purchase additional or supplemental insurance from the Recreation Department at an additional cost of $6.00 per participant.

***** I WOULD LIKE TO: _____ COACH _____ HELP COACH _____ SPONSOR a Team *****

OFFICE USE ONLY

DATE RECEIVED _____ ☐ ACTIVE LIST ☐ WAITING LIST

FEE_____ DATE PAID_____ RECEIPT #_____ STAFF INI._____

Mail registration forms & fee to: Oxford Parks & Recreation, P. O. Box 506, Oxford NC 27565