

AGE GROUP \_\_\_\_\_  
(FILL OUT BY CRRD)

**CITY OF RINCON RECREATION DEPARTMENT  
SPORTS REGISTRATION FORM**

PARTICIPANT'S NAME: \_\_\_\_\_ BOY GIRL  
SPORT ACTIVITY: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_  
SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_ TODAY'S DATE: \_\_\_\_\_

I/We, the parents of the above named child, hereby give my/our approval to their participation in CRRD activities. I/WE assume all risks and hazards incidental to such participation including transportation to and from the activities. I/WE do hereby waive, release, absolve, indemnify and agree to hold harmless the local league, the organizers, sponsors, supervisors, participants and person transporting my / our child to or from activities for any claim arising out of an injury to my / our child except to the extent and in the amount covered by accident or liability insurance. I /WE will assume responsibility for ANY UNIFORMS OR EQUIPMENT BELONGING TO THE RECREATION DEPARTMENT AND UNDERSTAND THAT ANY UNIFORM OR EQUIPMENT NOT RETURNED WILL RESULT IN YOUR CHILD NOT BEING ABLE TO PARTICIPATE IN ANY OTHER ACTIVITIES. I / WE will furnish a certified birth certificate when requested. I HAVE ALSO BEEN INFORMED OF THE AVAILABLE SPORTS/RECREATIONAL INSURANCE.

YES, I WOULD LIKE TO ENROLL IN THE REC – 1 RECREATION ACCIDENT INSURANCE. COST \$ 8.50  
NO, I WOULD NOT LIKE TO ENROLL IN THE REC – 1 RECREATION ACCIDENT INSURANCE.

PARENT'S/GUARDIAN'S NAMES(PRINT) \_\_\_\_\_ SIGNATURE \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

INTERESTING IN COACHING: YES NO WOULD YOU LIKE TO BE A HEAD COACH? YES NO  
(MUST FILL OUT COACHING FORM) SEE GEORGE.

AGES 4, 5, & 6 = PLEASE FILL OUT SHIRT SIZE – YOUTH S M L XL ADULT S M L  
PLEASE BRING BIRTH CERTIFICATES TO ATTACH TO REGISTRATION FORM.