

LCPR ATHLETIC PROGRAM REGISTRATION FORM
(Please Print)



Program _____

Name _____

Sex: Male Female Birthdate _____ Age _____

Elementary School District in which you live _____

Parent's Names _____

Address _____

Telephone # _____
Home Mother's work Father's work

E-mail _____

Do you reside within Lee County? Yes No

T-Shirt Size (circle one) YS YM YL AS AM AL AXL

Ages: 3-4 Co-ed 5-6 Co-ed 7-8 Co-ed 9-10 11-12 13-14 15-17

I am interested in being a head coach for a team: Yes No

Did your child play on a Lee County team last year? Yes No

If yes specify team name and/or coach's name _____

If Applicable, please list the name of a brother/sister in the same league that you want on the same team _____

Please read and sign waiver

I understand that participation in this recreational program involves the risk of injury. These risks include collision with other players, being hit by the ball, falling to the ground on to a fence, scratches, bruises, etc. I further understand that before participating in this program I should consult a physician for advice. By signing this form I acknowledge all risks of injury and death and affirm I am willing to assume responsibility should injury or death result from them. I also agree to follow all rules and procedures of the program and to follow reasonable instructions of the coaches and supervisors of the program. Furthermore, in return for the opportunity to participate in this program, I agree for myself, and for my heirs, assigns, executors and administrators, to waive any legal rights I may have to seek payment of any kind from the County, its employees or its agents for bodily injury or death resulting from this program, and to release those parties from any liability for damages resulting from my injuries or death. I understand that the county does not provide insurance.

Signature of Parent or Guardian _____ Date _____

Players must play with team they are assigned to. Any players may mail in registration form with fee.

Make check/money order to Lee County Parks & Recreation Amount enclosed \$ _____

Mailing address is P. O. Box 1968, Sanford, NC 27331

