



Public Services

# Parks & Recreation Division

100 N. Hathaway St  
Crestview, FL 32536  
(850) 682-4715



## Youth Sports Registration Form

Child's Name: \_\_\_\_\_

Returning Player: \_\_\_\_\_ Team Name: \_\_\_\_\_ Draft : \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

### Guardian Information:

Primary Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Home Hone #: \_\_\_\_\_ Other #: \_\_\_\_\_

Water Bill Paid To: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Medical Information Needed: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone#: \_\_\_\_\_ Relationship: \_\_\_\_\_

Select Sport: \_\_\_\_\_ Soccer Only: \_\_\_\_\_

Shirt: \_\_\_\_\_ Shorts/Pants: \_\_\_\_\_ Socks: \_\_\_\_\_

I, \_\_\_\_\_, covenant and agree that I will indemnify and hold harmless the City of Crestview and the City of Crestview's Mayor, Council members, agents, and employees from any and all claims, losses, accidents, injuries, sickness, damages, costs, charges, or expenses of any kind whatsoever arising out of any act, action, neglect, or omission by (me) or (my child) while attending or participating in any event, sport, or activity to be conducted on or about the premises of the Twin Hills Gymnasium or other City Recreational facilities. **No refunds will be issues once uniforms have been ordered.**

\_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent or Guardian

OFFICIAL USE ONLY:

**CASH or CHECK ONLY**

Birth Certificate Verified: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Receipt Book #: \_\_\_\_\_

Receipt #: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Payment Method: \_\_\_\_\_