



Athletic Program Registration Form

Child's Name: _____
Last First Middle Name Preference

Parent's/Guardian's Name: _____

Phone Number: Home: _____ Work: _____ Cell: _____

Opt In SMS/Text (program/schedule updates): (Circle) Yes No If yes, Cell Provider: _____

Family Email Address (registration & schedule updates): _____

Mailing Address: _____

Child's Age: _____ Child's Date of Birth: _____ Child's Gender: male female

Program: (Please Circle) Basketball Golf Soccer Tennis Volleyball Other: _____

Shirt Size: YS YM YL AS AM AL AXL AXXX Desired Team Placement: _____

Release of Liability, Indemnity Agreement, Photo Consent, and Parent Code of Ethics

I do hereby and forever discharge the Town of Morehead City, its elected and appointed officials and staff, and participants, instructors, sponsors and administrators of the Morehead City Parks and Recreation Department from any and all actions, claims, and demands for or by reason of any damage, loss or injury which hereafter may be sustained by me or my child in consequence of participation by said person in this program, and will indemnify and save all of the above from such actions, claims and demands.

I hereby acknowledge and agree that the Morehead City Parks and Recreation Department shall not be required to carry any insurance protection for the participants and thereby do agree to provide individual insurance coverage for myself and child.

As a proud parent of a youth athlete, I will hereby encourage good sportsmanship by positively supporting all players, coaches and officials at all times. The overall well-being of my child will always be my first priority. I will insist that my child play in a safe and healthy environment that is drug, alcohol and tobacco-free, and I will assist by refraining from their use at all sporting events. I will do my best to make sure that my child is having fun while treating other players, coaches, fans, and officials with respect regardless of race, sex, creed, or ability. I expect that my child's coach will be trained in the responsibilities of being a youth sports coach and that the coach agrees to the youth sports Coaches' Code of Ethics. I understand that any violation of this code of conduct will jeopardize my ability to attend or to watch my child participate in any sport program with Morehead City Parks & Recreation.

I agree that our names and photos of me or my child/children taken before, during or after participation in any activity or program conducted or sponsored by the Morehead City Parks and Recreation Department may be, without our prior review, be copied, released to newspapers, TV or other media (inducing social media), and may be used in Morehead City's printed publications and website. I am the parent/legal guardian of _____ and have authority to give this consent.

I have read and fully understand this Release of Liability, Indemnity Agreement, Photo Consent, and Parent Code of Ethics and have sufficient time and opportunity to do so as well as to consult anyone of my choice.

Permission is hereby granted for my child _____ to participate in the Morehead City Parks and Recreation Department's program.

Parent's Name: _____

Parent's Signature: _____ Date: _____

Child's Name: _____ Sport: _____

For Office Use Only

Fee: _____
Cash: _____
Check: _____

Date Paid: _____
Received Initials: _____
Group: Boys Girls Coed
Age: 5-6 7-8 9-10 11-12 13-14 15-16 17-18