

PARTICIPANT REGISTRATION FORM

Chipley Recreation Department, 1544 N Railroad Avenue, Chipley, Florida 32428

Office: (850) 638-6348 / Fax: (850) 638-6318

E-mail: palspark@cityofchipley.com

Parent/Guardian Name _____

Address _____ City _____ Zip _____ City of Chipley Resident () Yes () No

Home Phone _____ Work Phone _____ Cell Phone _____ Emergency Phone _____

E-Mail _____

Program Information (ACD – Age Control Date)

T-Ball (4-5) ACD September 1st

T-Ball (6) ACD May 1st

Softball (7-12) ACD August 1st

Basketball (6-12) ACD January 1st

Baseball (7-12) ACD May 1st

Soccer (6-12) ACD September 1st

Participant Registration: YOU MAY REGISTER MULTIPLE FAMILY MEMBERS ON ONE FORM.

Last, First Middle	Gender M/F	Age as of ACD	Birth Date	Sport	Fee
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Volunteer Coach Information

Head Coach's Name	Home Phone	Cell Phone	E-Mail
_____	_____	_____	_____
_____	_____	_____	_____

Waiver and Release of Liability: I hereby consent and hold harmless the City of Chipley, its agents, commissioners, officers, volunteers and employees, from any and all liability from personal injuries or damages I may incur, while participating in, traveling to or from, observing of the department sponsored activities. I also give my permission for any photos/videos of these participants taken during the program to be used for future departmental promotional materials. The individuals listed above have my permission to in the mentioned programs. I have read and agree to abide by the Parents Code of Ethics and the Coaches Code of Ethics.

Parent/Guardian of Minor _____ Date _____