

PARTICIPANT REGISTRATION FORM

Chipley Recreation Division, 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 _____

Home Phone _____ Work Phone _____ Cell Phone _____

E-Mail _____

City of Chipley Resident: () Yes () No

Emergency Phone _____

Program Information:

T-Ball (4-6) ACD May, 1st \$42

Softball (7-12) ACD January, 1st \$46

Basketball (6-12) ACD September 1st \$42

Baseball (7-12) ACD May 1st \$46

Soccer (4-14) ACD September 1st \$46

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

Full Name Of Participant	Gender	M/F	Age AS Of ACD	Birth Date	Sport	Fee

Total Fees: _____

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.

Parent/Guardian of Minor _____

Date _____