



INCORPORATED 1877

City of Thomasville
Parks & Recreation Department
Youth Sports Registration Form
(Need a copy of Birth Certificate, if not already on file)
YEAR _____

Sport _____ Fee _____
(for office use only)

Player's Name _____
Address _____ Telephone # _____

Age _____ Date of Birth _____ Current School _____
Current Grade _____
Parents/Guardian:
Mother _____ Telephone _____
Father _____ Telephone _____
Guardian _____ Telephone _____
Emergency Contact Person _____ Telephone _____
Should we be informed of any health issues? _____

.....
 I ***DO NOT*** give my permission for my child's picture to be used in any Recreation Media promotions.
.....

PARENTAL PERMISSION

I, _____, parent guardian of _____ do hereby consent, if said child should become in need of medical care, to the Thomasville Parks and Recreation Department Staff/Coaching Staff, to contact the hospital and appropriate physicians and authorize all such medical care and treatment that said child should require. We agree to file claims for the payment of such services with our insurance carrier, and agree to pay all medical, surgical or legal fees that may or may not be covered by insurance. I also verify that my child lives inside the city and/or attends a city school.

Mother's Signature

Father's Signature

Date _____

"More Play For All"