



# Sports League Registration Form

## Team Information

Team Name: \_\_\_\_\_ Sports League: \_\_\_\_\_

## ▶ Player Information:

Name (first, last): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender (circle one)    M    F

Phone Number \_\_\_\_\_ E-mail address: \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

▶ **Parent/Guardian Name if player is a minor (under age 18):** \_\_\_\_\_

**Address, City, State, Zip Code:** \_\_\_\_\_

Home Phone: \_\_\_\_\_ Emergency or Cell Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

## Emergency Contact Information – please list in order of preference:

	Name	Phone	Relationship
1.			
2.			
3.			

I understand that this event is potentially hazardous, and that I (or my child) should not enter and participate unless medically able and properly trained. I assume full responsibility for any injury or accident which may occur while traveling to or from the event, during the event, or while on the premises of the event. I also am aware of and assume all risks associated with this event, including but not limited to falls, contact with other participants, effects of weather, traffic and conditions of the road.

I hereby release the City of Paducah and each of its agents from any liability arising out of my participation in this event. This waiver includes any and all claims, whether caused by negligence or the action or inaction of any of the above parties.

I understand the entry fee is non-refundable and non-transferable. I hereby grant full permission to use any photographs, videotapes, motion pictures, website images, recordings or any other record of this event.

**Participant's Signature**

**Date**

• Parent/guardian signature if participant is under 18 years old

**Return this form to:**

**Paducah Parks & Recreation, 1400 H.C. Mathis Drive -- or mail to -- PO Box 7265, Paducah, KY 42002**