

**CLAY COUNTY RECREATION  
YOUTH SPORTS-2019  
BASEBALL SOFTBALL FLAG FOOTBALL SOCCER  
BASKETBALL**

**REGISTRATION FEE-\$60.00**

**NAME:** \_\_\_\_\_ **BIRTHDATE:** \_\_\_\_\_ **AGE:** \_\_\_\_\_

**GENDER:** M / F **ADDRESS:** \_\_\_\_\_

**TELEPHONE: (HOME)** \_\_\_\_\_ **(CELL)** \_\_\_\_\_

**EMAIL ADDRESS (please print):** \_\_\_\_\_

**Yes / No** (circle one) I give the Recreation Department permission to print my child's name and/or picture in the local newspapers and the Recreation Department website.

**JERSEY SIZE** (Circle One): YXS YS YM YL YXL AS AM AL AXL

**PANT SIZE** (Circle One): YXS YS YM YL YXL AS AM AL AXL

**HAT SIZE** (Circle One): T-BALL XS-SM SM-MED L-XL

Having been informed of the organization of the Clay County Recreation Department to provide supervised baseball games for boys and girls, I/We the parents of the above named candidate, do hereby give my/our permission and approval to participate in any and all of the activities during his/her eligibility. I/We assume all risks and hazards incidental to the conduct of the activities, and I/We do hereby release and agree indemnify and hold harmless, the Clay County Board of Commissioners, Recreation Department, the organizers, coaches and the supervisors, and any and all of them. In case of injury to my/our son/daughter, I/We hereby waive all claims against the organizers, the sponsors or any of the supervisors.

The Clay County Recreation Department does not assume the care of non-participating members of any family. The Clay County Board of Commissioners, Recreation Department will not be held responsible for any injury sustained by any non-participant at any practice session or game.

Any gymnasium being used as a practice or game facility will be treated with respect, and I/We understand that any damage or misuse of these facilities of surrounding grounds could result in my/our son/daughter being held liable if determined to be responsible for any irresponsible actions.

The Clay Co. Recreation Dept. ensures that all its programs/facilities do not discriminate against any person on the basis of sex, race, color, age, religion, disability or national origin.

**I am willing To Help Out:** \_\_\_ Coach \_\_\_ Asst. Coach \_\_\_ Team Mom \_\_\_ Other

\_\_\_ I have received a copy of the Parent/Athlete Concussion Information Sheet from the Clay Co. Rec. Dept.

**Guardian's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

CASH _____	CHECK# _____
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# Clay County Recreation Sports Medical Release Form

Age Group \_\_\_\_\_

Circle League That Applies

Basketball

Baseball

Softball

T-Ball

Flag Football

Player Name \_\_\_\_\_

Parents' Name \_\_\_\_\_

**Parent/Guardian Authorization:**

In case of emergency, if the above listed contacts, or family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, E.R. Physician).

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**If Parents/Guardian cannot be reached, in case of emergency contact:**

\_\_\_\_\_  
Name/Phone/Relationship to Player

\_\_\_\_\_  
Name/Phone/Relationship to Player

Please list below ANY allergies or medical problems, including those requiring maintenance medication (i.e. Diabetic, Asthma, Seizure Disorder).

\_\_\_\_\_

Date of last Tetanus Toxoid Booster \_\_\_\_\_