



**Shelbyville/Shelby County Parks & Recreation  
Sports & Activities Application**  
**(Please print and fill out completely and legibly)**



Program \_\_\_\_\_ Season \_\_\_\_\_ Team(last season) \_\_\_\_\_

Name \_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

Main E-Mail Contact \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ Gender \_\_\_\_\_

**Parent or Guardian Information:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address (if different) \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address (if different) \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

**Emergency Contact Information:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Does your child have some type of medical condition? (If so please explain) \_\_\_\_\_

Amount Paid \_\_\_\_\_ Cash or Check# \_\_\_\_\_ Date \_\_\_\_\_

<p>Please circle an accurate shirt size for player.</p> <p>Youth: X-Small Small Medium Large (4) (6-8) (10-12) (14-16)</p> <p>Adult: Small Medium Large X-Large</p>	<p>Soccer Only: Short Size</p> <p>Youth: X-Small Small Medium Large</p> <p>Adult: Small Medium Large X-Large</p>
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We ask for participation of all parents in our program. Please circle the area(s) in which you would be willing to help!

**COACH                      ASSISTANT COACH                      SPONSOR**

**Please read and sign waiver below to be eligible to participate.**

## **Waiver of Liability and Terms of Participation:**

- I. I understand that baseball, softball, football, basketball, soccer and other sports, camps, fitness, and aquatic programs are dangerous and that I or my child could be killed or seriously injured while participating. Injuries that could occur include, but are not limited to: paralysis, brain injury and broken bones. I understand that if my child is participating in a youth sports program that he/she will be coached by volunteer coaches who will not be full-time or professionally trained. Recognizing the inherent risks associated with participating in the above noted program and still desiring myself or my child to participate, I hereby agree to indemnify and hold harmless the Shelbyville-Shelby County Parks and Recreation Department, Shelby County Fiscal Court, the City of Shelbyville, and the members, employees and all individuals responsible for the conduct of activities involving myself or my child(ren) for claims including, but not limited to claims of personal injury, hospitalization, etc. I also understand that the Parks and Recreation Department strongly recommends that each participant have medical approval before participating in any sport, aquatic, or fitness related program, and that I must inform the Department of any medical condition that may require special attention or treatment.
- II. I warrant that my child/children or I are privately insured with a medical insurance policy. I understand the Shelbyville - Shelby County Parks and Recreation Department provides minimal insurance coverage, in certain programs only, that provides coverage once my present insurance is expanded. This coverage is on the participant during sport or activity participation only and does not provide coverage during transportation to and from the event.
- III. I understand that registration fees must accompany this application in order for it to be processed. (Please make checks payable to Shelby County Parks. (If you have any questions concerning fees, please contact the department at 633-5059.) I understand that the Department will not issue refunds after leagues have been drafted unless there is a medical reason that my child or I cannot participate. I understand that in non-competitive leagues or other programs, refunds must be requested in writing 5 business days prior to the program's start date. In the case of injury or illness where my child or I cannot participate, a doctor's statement must be received within 10 business days of seeking treatment stating why the individual cannot participate.
- IV. I understand and give permission for the Parks and Recreation Department or local media to photograph or video tape my child or me during participation in Parks and Recreation Department sponsored activities and to utilize them in advertising and/or promotion both in print and on the Department's website.
- V. In the event of an emergency, I give my permission for a representative of the Recreation Department and/or ambulance service to provide treatment as is normal and prudent and to transport my child or myself to the nearest medical facility to render treatment.

**I the undersigned understand and agree to the above listed conditions.**

**Authorized Adult's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

As of now, we do not have the capability of receiving your signup via our website. However, you may print out the forms, complete them, and fax them to our office.

If you wish to pay by credit card, please fill in your credit card information and fax all pages (Page 1, Page 2, and Page 3) to our office: 502-633-7924

Thank you in advance for participating in our programs.

Credit Card Information:

Please charge my credit card:

Visa \_\_\_\_\_ MasterCard \_\_\_\_\_  
Discover \_\_\_\_\_ American Express \_\_\_\_\_

Card # \_\_\_\_\_ Exp Date \_\_\_\_\_

Signature \_\_\_\_\_