



City of Hammond Recreation Department

YOUTH SPORTS REGISTRATION FORM

OFFICE USE ONLY

Reg. Fee Total: \$ _____ Date: ___/___/___
 Labels/Emails: _____ Mailing List: _____

PLAYER INFORMATION | You may register multiple players LIVING IN THE SAME HOUSEHOLD on one form.

Player Name: _____
 Gender: Male Female Date of Birth: ___/___/___ Age: ___
 Sport: Baseball Softball Volleyball Running Basketball
 Shirt Size: YS YM YL AS AM AL XL XXL XXXL
 Short Size: YS YM YL AS AM AL XL XXL XXXL
 Medical Problems: _____

Player Name: _____
 Gender: Male Female Date of Birth: ___/___/___ Age: ___
 Sport: Baseball Softball Volleyball Running Basketball
 Shirt Size: YS YM YL AS AM AL XL XXL XXXL
 Short Size: YS YM YL AS AM AL XL XXL XXXL
 Medical Problems: _____

Player Name: _____
 Gender: Male Female Date of Birth: ___/___/___ Age: ___
 Sport: Baseball Softball Volleyball Running Basketball
 Shirt Size: YS YM YL AS AM AL XL XXL XXXL
 Short Size: YS YM YL AS AM AL XL XXL XXXL
 Medical Problems: _____

Player Name: _____
 Gender: Male Female Date of Birth: ___/___/___ Age: ___
 Sport: Baseball Softball Volleyball Running Basketball
 Shirt Size: YS YM YL AS AM AL XL XXL XXXL
 Short Size: YS YM YL AS AM AL XL XXL XXXL
 Medical Problems: _____

PRIMARY CONTACT INFORMATION

Parent/Guardian: _____
 Relationship to Player(s): _____
 Mobile Phone: () _____
 Home Phone: () _____
 Email: _____
 Mailing Address: _____
 City, State, Zip: _____

HOW TO SUBMIT REGISTRATION INFORMATION

<u>Mail</u> City of Hammond Rec. Dept. P.O. Box 2788 Hammond, LA 70404	<u>Office Hours</u> Monday- Friday: 8 a.m. - 4:30 p.m.
<u>Drop Off</u> Michael J. Kenney Center 601 W. Coleman Ave. Hammond, LA 70403	A copy of each player's birth certificate is required. One check/money order payable to "City of Hammond" may be made for the total amount of players registered. NO CASH PLEASE!

LIABILITY INFORMATION

CONSENT FOR MEDICAL TREATMENT | As the parent or legal guardian of the above-named player(s), I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my dependent(s).

RELEASE OF LIABILITY | In consideration of their child(ren) being permitted to participate in any event or activity sponsored, promoted, or organized by the City of Hammond Recreation Department, the undersigned for himself or herself, personal representatives, heirs, assigns, relatives, and minor child(ren) HEREBY RELEASES, the City of Hammond and its respective insurers, officers, officials, sponsors, employees, and their agents, hereafter referred to as RELEASEES, of any and all liability to the minor child, whether the child is for any purpose participating in such event or activity. It is fully understood by each of the undersigned that there is some inherent risk associated with the event or activity, including damages to property and personal injury. IN ADDITION, the undersigned AGREES TO INDEMNIFY AND HOLD HARMLESS the Releases of any loss, liability damage, or cost they incur due to such participation by the child, whether caused by Releases' negligent act or omission, acts or omissions of other participants, other persons or otherwise while the minor is participating in any event or activity organized and/or sponsored by the City of Hammond.

In signing this release, each of the undersigned hereby acknowledges and represents to the City of Hammond the following:

1. That he/she has read the foregoing Release and Waiver of Liability and Indemnity Agreement and fully understands its contents.
2. That his/her minor child(ren) participating in the event or activity are in good health, physically fit and physically able to participate in the activity.

IMAGE CONSENT/RELEASE | I hereby give permission for images of myself and the child(ren) for whom I am guardian that are captured during the City of Hammond Recreation Department activities or events through video, photo and digital camera to be used for purposes of documentation, promotion, and publicity of the program and its associated activities and waive any rights of compensation or ownership thereto. As such, I relieve and hereby agree to hold the City of Hammond, City of Hammond Recreation Department, affiliated organizations and sponsors or partners of the City of Hammond Recreation Department free and harmless from any and all liability arising out of interviews, footage, or photography and subsequent publication or broadcast. I understand that the recordings/interviews/photography are being carried out with my consent and so I assume full responsibility.

Parent/Guardian Signature: _____ Date: ___/___/___

REGISTRATION POLICIES | Please read the following policies before submitting this form to the recreation department.

LATE REGISTRATION

- The late registration fee is \$55 per player (check or money order). The late registration deadline will be determined by the recreation department.
- After the late registration deadline, all interested players will be placed on the waiting list. There is no guarantee that waiting list players will be placed on a team.

TEAM REQUESTS

- Requests will no longer be accepted. All players will be placed in the league draft and coaches will make the final decision on team members. Siblings playing in the same division will automatically be placed on the same team.
- After all drafts have been completed, players will not be switched to different teams.

REFUNDS

- The deadline to submit a refund request is the day before the first scheduled game day.
- If any division does not have enough players to conduct games by the late registration deadline, refunds will automatically be submitted for the registered players in that division. Please allow 1-2 weeks for refunds to be processed and mailed.

PLAYER UNIFORMS

- Short sizes are only required for basketball players.
- The uniform sizes selected on this registration form will be the sizes ordered for that player.
- If, for any reason, the size ordered from the registration form is incorrect, the parent/guardian will be responsible for the cost of the new uniform. The cost may be up to \$45 (including setup fees).

By submitting this registration form, you understand and agree to all registration policies.