

*Linwood City Recreation Association
Registration Form*

Activity:

Baseball _____ Basketball _____ Cheerleading _____
Football _____ Hockey _____ Soccer _____
Softball _____ Other _____
Fee: _____

Participant Information:

Name: _____ Age: ____ Sex: ____ DOB: __
Address: _____ City, State: _____

Emergency Information:

Relationship to participant: _____ Phone: _____
Allergies of participant: _____ Email: _____
Other medical condition(s): _____

Health Insurance Information:

Name of Provider: _____ Telephone: _____
Address: _____

I/We give permission for any and all medical attention necessary to be administered to participant in the event of an accident, injury or illness.

Parent: _____ Guardian: _____

I/We give permission for _____ to participate in the above-mentioned activity. I/We are the parent/legal guardian of the participant and realize injury may occur with any sport and hold the City of Linwood and any volunteers harmless from any and all liability that may occur by allowing participant to use fields, equipment, and participation in the activity.

Please Print:

Parent/Guardian: _____

Signature Parent/Guardian: _____ Date: _____