



YOUTH FEMALE PARTICIPATION APPLICATION

(Please Print Information)

PARKS & RECREATION DEPT

Player Name _____ Telephone _____

Address _____ City _____ State _____ Zip _____

Age _____ Birthdate _____

Height _____ Weight _____ Activity _____

School _____ Grade _____ Family Physician _____

Permission Granted by _____ Relationship _____ Date _____

I Do Do not want insurance offered through the Douglas Park and Recreation Dept.

I Do Do not live in the city limits of Douglas.

Signature _____

I Do Do not live in Coffee County.

If applicant is minor, parents, or guardians signature is required.

Did you play last year? Yes No

Team _____

For Office Use Only			
B/C _____	FEE. _____	INT. _____	
1st _____	2nd _____	3rd _____	Child _____

I / We, the parents of the above-named boy or girl, hereby give my / our approval for his / her participation in activities during the current season. I / We hereby assume all risks and hazardous incidents to the conduct of the activities and transportation to and from activities. I / We do further hereby release, absolve and hold harmless the City of Douglas and Douglas Park & Recreation Dept., the organizers of the activities, sponsor, the supervisors, and any or 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 appointed by them. I / We likewise release from responsibility any person transporting my / our son / daughter to or from the activity.

In case of injury, I / We, the parents of the above named boy or girl, hereby give my / our permission the person in charge of the activity to take our son / daughter to the doctor or hospital for treatment.

Parent's Signature _____

Date Signed _____