

ADULT PLAYER REGISTRATION FORM

Participants Registration Information:

Last Name:	First Name:	Middle Name:	Male:	Female:
Date of Birth: Month/day/year:	Age:	Home Telephone Number:	Work Telephone Number:	

Street Address:	City/town:	State:	Zip Code:
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- Are you a resident of Floyd County? YES: NO:
- Are you alumni of Floyd County Schools? YES: NO: If Yes, what year?
- Name of Sport you are registering for:
- Name of the team/coach you will play with:
- Are you currently **not allowed** on Floyd County School property by the actions/authority of the Floyd County School Board?
NO: YES:
If yes, please explain: _____
- Will you abide by the rules and regulations set forth by the Floyd/Floyd County Parks & Recreational Authority?
NO: YES:

You may request a copy of the rules and regulations according to each individual sport.

MEDICAL HISTORY:

- Are you currently on any medication? YES: NO:
- If yes, what? _____

Do you have a medical condition we need to be aware of? YES: NO:
If yes, what? _____

The purpose of participation in any Authority activity is to have fun. Learning and sportsmanship should be placed ahead of winning. Each player, coach, parent, official and spectator is expected to remember that being involved and encouraging the development of every participant is our goal. By filling out this form players acknowledges that they will act in a sportsmanlike manner and will at all times conform to the rules of the Authority.

- The Floyd/Floyd County Public Recreational Facilities Authority does not discriminate on the basis of race, color, national origin, age, religion, political affiliation, handicapping conditions, or sex in its recreational programs or employment. No per shall be denied recreational activity or employment solely because of any impairment, which is unrelated to the ability to engage in activities in the position for which application has been made.
- Players are to be governed by the Rules & Regulations of this league.
- The Floyd/Floyd County Public Recreational Facilities Authority **DOES NOT** carry medical insurance on participants. Participants should have separate medical insurance for injuries, which may be sustained due to this activity.

I have read and answered all of the above and certify that the information I have given on this registration form is true and complete to the best of my knowledge. I understand that falsification of any part shall be cause for rejection of my registration or dismissal if I am accepted as a player in the league for the Floyd/Floyd County Parks & Recreational Authority.

I hereby, for myself, my heirs, executors, and administrators, waive and release any and all rights and claims for damages I may have against any parties for injuries received through participating in the above-mentioned league.

I hereby set my hand this _____ day of _____, _____.
(day of month) (month) (year)

SIGNATURE OF PARTICIPANT: _____

PRINTED NAME PARTICIPANT: _____

This form must be completed and turned into the Recreation Office by January 8, 2010. Please include Adult Team Roster Sheet. Please call the Recreational Office for information related to fees.