



Pineville Parks and Recreation
1000 Johnston Dr., PO Box 249, Pineville, NC 28134
Phone: 704-889-2400 Fax: 704-889-2413
www.pinevillenc.gov

Registration Form

Player's Full Name: _____ Nickname: _____

Male ___ or Female ___ Age: _____ Birth Date: _____

Parents or Guardians: _____

Phone Number: _____ Email: _____

Phone Number: _____ Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Pre-School/School Attending: _____ Grade: _____

Medical Conditions, Allergies, ETC: _____

Sport: _____ Season: _____ Request: _____

Uniform Size

Shirt (Circle One)	YXS	YS	YM	YL	AS	AM	AL
Shorts (Circle One)	YXS	YS	YM	YL	AS	AM	AL

Are you, your spouse, relative, or friend interested in coaching? Yes No

Consent/Waiver Agreement:

I/We consent to our child participating in the Pineville Recreation Department Programs. In participating in Recreation Programs, sponsored by The Town of Pineville, I hereby acknowledge that I/We understand that there are risks of accidents resulting in bodily harm arising out of those activities. I/We understand that Recreation activities are planned with the safety of the participants in mind. In case of emergency, accident or illness, if I/We am not present. I/We hereby give our permission for the coach or representative of the Recreation Department to obtain any required medical attention my child may need. I/We will notify the coach of any physical limitations (allergies, hearing, sight, etc) or other additional information they need to know about my/our child. I/We further acknowledge that my child has the physical capacity reasonably necessary to engage in Recreation activity for which I have enrolled. I/We agree to be the party responsible for all medical expenses which are incurred in my behalf. It is understood and agreed that the Town, it's Mayor, Town Council, Boards, employees, volunteers and agents shall be held harmless against all claims, damages, loss or expenses including attorney's fees arising out of or resulting from participation in recreation programs. I/We agree any pictures taken may be used for future promotions for the Town of Pineville.

_____ ** I have read the above waiver and understand the contents**

 SIGNATURE (PARENT OR GUARDIAN) Date

OFFICE USE Only: Credit Cash Check # _____ Amount Paid _____ DATE: _____