



Sign-Up fee: *Varies (\$10 Discount For Siblings/Each Additional Household Player)*

Registration Information:

Questions/Concerns Contact:

ONLINE: <https://www.cityofjacksonville.net/511/Sports-Athletics-Programs>

Youth Sports Coordinator: Landon Nolen

ON-SITE: Return forms to the Jacksonville Community Center

Call/Text: 501.690.1722

Circle Program: **Baseball \$65** **Softball \$65** **Flag Football \$65** **Girls Volleyball \$35**

First Name:			
Last Name:			
BirthDay/Grade:	DOB:	Age:	Grade:
Male (or) Female:			
Mailing Address:	City:		Zip:
Physical Address:	City:		Zip:
Phone Number:			
Apparel Sizes: <i>(Jersey/uniform included w/Registration)</i>	Shirt:	Pants:	
Allergies:			
List Any Medical Conditions:			
Emergency Contact #1:	Name:	Phone Number:	
Emergency Contact #2:	Name:	Phone Number:	

LIABILITY/PHOTO RELEASE AGREEMENT & CONSENT FOR MEDICAL TREATMENT OF A MINOR:

I hereby release and forever discharge the Jacksonville Parks & Recreation Department, the City of Jacksonville, and their employees from any and all manner of claims, causes of action, or liability, which may exist or may exist at any time in the future, arising out of or pertaining to any injury, loss, damage, or harm of any kind which has, will or may result or occur while participating in this program.. As the parent or legal guardian of the above-named player, I hereby give 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 wellbeing of my dependent. I hereby consent to the use, reproduction, editing and/or broadcast by the City of Jacksonville, Arkansas of any and all photographs, video recordings and audio recordings of me and/or my family, taken by or on behalf of the Jacksonville Parks & Recreation department, without any compensation to me. All negatives and positives prints video-recorded images and audio recordings shall constitute the property of the City of Jacksonville solely & completely.

Parent/Legal Guardian (please print & sign) **Name** _____

Signature _____

Date _____

***** PLEASE COMPLETE OTHER SIDE *****

Parent Information:

Dad's First Name:			
Dad's Last Name:			
Dad's Phone Number:			
Dad's Email Address:			
Dad's Mailing Address:	City:	Zip:	
Mom's First Name:			
Mom's Last Name:			
Mom's Phone Number:			
Mom's Email Address:			
Mom's Mailing Address:	City:	Zip:	

Additional Involvement:

Would you like to coach? <i>Please Circle Yes (or) No:</i>	Yes	No
Would you like to referee? <i>Please Circle Yes (or) No:</i>	Yes	No

Specific Request:

Any special need request:	
Name of Coach (and/or) Team Preferred:	
List any Sibling/Friend Your Child Wants To Play With:	
Please list any other special request, questions, or concerns:	