



NO Registration Fee

Name: (First) _____ (Last) _____
Age: _____ Date of Birth: _____ School/Grade: _____
Copy of birth certificate (required): yes _____ no _____
Medical Conditions: _____
Special Needs: _____
(In an effort to better serve you please acknowledge if your child has any special needs)

For Parent or Guardian

Name: (First) _____ (Last) _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: (H) _____ (W) _____ (C) _____
Email address: _____
Emergency contact other than parent or guardian: _____
Phone: (H) _____ (W) _____ (C) _____
Relationship to participant: _____
Would you like to be a volunteer coach: Yes _____ No _____

Authorizations and Release:

Photograph Permission: I give permission for the City of Spartanburg to use any photographs of my child for future promotional purposes.

Medical Treatment: I hereby give permission for my child to be given cardiopulmonary resuscitation (CPR) and first-aid treatment by a qualified staff member in the event I cannot be contacted. I also give permission for my child to be transported by ambulance to an emergency center for treatment. I further consent to the disclosure of health information and to the medical, surgical, and hospital care treatment and procedures (including, but not limited to, administration of necessary anesthetics, tests, x-ray examinations, transfusions, injections, and drugs) to be performed for my child by a licensed physician or hospital selected by the City of Spartanburg when deemed immediately necessary or advisable by the physician to safeguard my child's health.

Release from Liability: Recognizing the City of Spartanburg will do its best to ensure a safe experience, I understand that accidents may occur both from my child's participation in youth sports activities and from transportation to and from the program. I agree to assume these risks. By signing below, I release the City of Spartanburg and its agents from all liability based on any damages, loss or injury whether it is the result of ordinary negligence or otherwise, caused to my child or to me from participation in the youth sports program.

I have read and understand the above and completed this form to the best of my ability.

Signature of parent or legal guardian: _____ Date: _____

For more information, please contact Nichole Cohen at ncohen@cityofspartanburg.org or LaQuan Priest at 596-3711 or lpriest@cityofspartanburg.org.