

OFFICE USE ONLY: Birth Certificate _____ League Age _____ League _____
Fees Paid _____ Received By _____ Cash _____ Check _____

**ROLESVILLE PARKS & RECREATION DEPARTMENT
REGISTRATION FORM**

Participant* _____ Activity _____

* Name must be spelled exactly as it appears on the player's birth certificate.

Male _____ Female _____ Current Age _____ Birthdate _____ Nick Name _____

Shirt Size (circle one) YS YM YL AS AM AL AXL AXXL

Street Address, City, Zip _____

Mother's Name _____ Home Phone Number _____

Father's Name _____ Home Phone Number _____

Emergency Contact _____ Phone Number _____

Email address _____

Does your child have any medical condition/s that the league should be made aware of? Y N (circle one)
If so, please describe _____

Did your child play this sport in Rolesville last year? Y N (circle one)
If so, which team/league? _____

Give names of brothers or sisters playing in the same age group _____

Note: ONLY Siblings will be placed on the same team. If there are special circumstances that warrant two children to be placed on the same team then you may turn in a written request. A league official will review your request and make a final decision.

Would you like to volunteer to be a:

Asst. Coach Y N (circle one)

Coach Y N (circle one)

Team Parent Y N (circle one)

Sponsor Y N (circle one)

Fees:

Resident: \$50

Non-Resident: \$75

Late: Additional \$10

WAIVER

I/we the parent(s) or legal guardian(s) of the above participant in the Rolesville Parks & Recreation program, give my/our consent to his/her participation in the above listed program. I/we hereby assume all risks and hazards incidental to such participation in and transportation to and from the activities. I release, above, and indemnify the Town of Rolesville, employees of the Town, volunteers, contractors and/or sponsors from all risks and hazards associated with the activities and in the event of injury, do expressly waive all claims against them. I/we certify that we have read and agree to the terms stated above and that the information is correct to the best of my/our knowledge.

Parent or Legal Guardian Signature

Date