

LUFKIN PARKS & RECREATION

SPORTS REGISTRATION please check next to the sport and circle the division

___ YOUTH BASEBALL:

Prep(4) T-Ball(5-6) Farm(7-8) Minor(9-10) Freshmen(11-12) Sophomore(13-14)

___ YOUTH BASKETBALL:

CoEd 5-6 B7-8 B9-10 B11-12 B13-14 G7-8 G9-10 G11-12

___ YOUTH SOFTBALL:

Special Needs 6U 8U 10U 12U 14U

___ YOUTH SOCCER:

Special Needs

PLAYER REQUEST if check is made, fill-in appropriate information

___ PLAY WITH SIBLING(S) list name(s): _____

___ PLAY UP TO NEXT AGE DIVISION: _____

___ SPECIAL REQUESTS *(we will do everything to accommodate requests, but cannot guarantee all requests)*

(Please write in specific request)

EMERGENCY CONTACT INFORMATION

MOTHER *Interested in coaching? (yes or no)* ___ Head Coach ___ Assistant Coach
 Last Name First Name Work Phone Cell Phone

FATHER *Interested in coaching? (yes or no)* ___ Head Coach ___ Assistant Coach
 Last Name First Name Work Phone Cell Phone

Email: _____

(We respect your privacy at LPAR. On occasion, we send emails updating you about sports and recreation programs. By providing your email address, you agree to receive such emails from LPAR.)

After completing 'player information' please turn over to page 2

Last Name		First Name		Male/Female Circle One		Date of Birth		Home & Cell Phone	
Address		City		State		Zip		Shirt Size Circle one: YS YM YL AS AM AL AXL	
								6/8 10/12 14/16 34/36 38/40 42/44 46/48	

Player Information



LUFKIN PARKS & RECREATION LIABILITY WAIVER

Minor release:

I hereby acknowledge that I am the parent and/or guardian of the above named minor, and that the said minor has my permission to participate in above named activities and/or programs with the City of Lufkin, Parks & Recreation Department. I understand and agree in giving my permission that the City of Lufkin; its agents and employees, will not be liable or responsible for property damage or personal injuries of any kind or character which may occur during said programs or activities, and I do hereby release and forever discharge the said, City of Lufkin of and from all damages, personal injuries, claims, suits, demands, or causes of action arising out of or in connection with the said activities and/or programs.

I hereby represent and warrant the above is in good health and has no physical condition which represents a risk of participation in any program, sports, and facilities owned or used by the City of Lufkin, Parks & Recreation Department.

Photo release:

I understand photos and/or video may occasionally be taken of my child while participating in programs. These photos and videos are for department use only and may be used in future brochures, flyers, presentations, advertisements, or on the City's website.

THANK YOU FOR SUPPORTING LUFKIN PARKS & RECREATION!

Parent or guardian name: _____
(Please print)

Signature: _____ Date: _____

For office use only:

Receipt #: _____	Amount paid: _____	Date: _____
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