



DATE PAID: _____ REC# _____ AMT.PAID \$ _____ CASH/CHECK/OTHER (2012)

HORN LAKE PARKS & REC FOOTBALL CAMP 2012 REGISTRATION

AGES 11-17

REGISTRATION ENDS MARCH 9TH, 2012

PARENTS MUST PROVIDE A COPY OF PLAYER'S BIRTH CERTIFICATE

CHILDS PLAYING AGE _____

**Return completed forms: Horn Lake Parks & Rec located at City Hall, 3101 Goodman Road,
Horn Lake, MS. 38637 Phone: 662-342-3483 Fax: 662-342-3485**

PLAYER NAME (_____ BIRTHDATE _____
(LAST) (FIRST) (MIDDLE)

STREET ADDRESS _____ PLAYER: MALE OR FEMALE

CITY _____ STATE _____ ZIP CODE _____ SCHOOL _____

.....
(PLEASE PRINT)

FATHER'S NAME _____ PHONE / HOME _____ EMAIL _____
ADDRESS _____ PHONE / CELL _____

MOTHER'S NAME _____ PHONE / HOME _____ EMAIL _____
ADDRESS _____ PHONE / CELL _____
.....

PARENTS, PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY.

1. EVERY PLAYER REGISTERING IS IN THE SPORTS PROGRAM.
2. I, THE PARENT / GUARDIAN OF THE ABOVE NAMED CANDIDATE FOR THE FOOTBALL CAMP, HEREBY GIVE MY APPROVAL FOR THE CHILD TO PARTICIPATE IN ANY AND ALL PROGRAMS OR ACTIVITIES DURING THE CAMP. I ASSUME ALL **RISKS** AND HAZARDS INCIDENTAL TO SUCH PARTICIPATION, INCLUDING, BUT NOT LIMITED TO TRANSPORTATION TO AND FROM ACTIVITIES; AND I DO HEREBY INDIVIDUALLY, AND FOR AND ON BEHALF OF THE CHILD WAIVE, RELEASE, ABSOLVE, INDEMNIFY AND AGREE TO HOLD HARMLESS THE CITY OF HORN LAKE ITS STAFF, EMPLOYEES, OFFICERS, ELECTED AND APPOINTED OFFICIALS, ORGANIZERS, SPONSORS, SUPERVISORS, PARTICIPANTS AND PERSONS TRANSPORTING MY CHILD TO OR FROM ACTIVITIES, FROM ANY CLAIM FOR PROPERTY DAMAGE, PERSONAL INJURY AND/OR DEATH ARISING OUT OF AN INJURY TO MY CHILD OR DAMAGE TO PROPERTY.
3. I, THE PARENT/GUARDIAN OF THE ABOVE NAMED PLAYER, UNDERSTAND THAT HE/SHE IS PARTICIPATING IN THE FOOTBALL CAMP AND THE PARTICIPATION POLICIES SET FORTH BY THE PARKS AND RECREATION DEPARTMENT APPLY TO THE RESISTRATION OF THE ABOVE NAMED PLAYER.
4. I, THE PARENT / GAURDIAN GIVE PERMISSION TO HLPR TO RELEASE TO MY CHILD'S ADVISOR THE NECESSARY PERSONAL CONTACT INFORMATION.

I HAVE READ, UNDERSTAND, AND AGREE WITH THE ABOVE STATEMENT 1 - 4

***PARENT SIGNATURE _____ DATE _____**

PLEASE LIST ANY ACTIVITY RELATED MEDICAL CONDITIONS: _____

EMERGENCY CONTACT _____
(RELATIONSHIP) _____ PHONE _____

CAMP REGISTRATION FEE - \$50.00