



LIBERTY COUNTY RECREATION DEPARTMENT

TACKLE FOOTBALL REGISTRATION

*PARTICIPANT'S FULL NAME (FIRST, MIDDLE, LAST) _____

*GENDER _____ *CURRENT AGE _____ *DATE OF BIRTH _____

*PLAYED LAST YEAR? YES _____ NO _____

COACH _____

* PLEASE LIST ANY MEDICAL ISSUES _____

*INSURANCE PROVIDER _____

* POLICY # _____

*PARENT/GUARDIAN NAME (please print) _____

*CONTACT PHONE NUMBER _____ OTHER NUMBER _____

*FULL PHYSICAL ADDRESS _____

*EMERGENCY CONTACT _____

*RELATIONSHIP TO PARTICIPANT _____

*CONTACT NUMBER _____

***I certify that I am the legal guardian of the child named in this application. I give this participant permission to participate in Liberty County Recreation athletics and agree to conduct myself in a positive and encouraging manner while attending games and practices. I fully understand that my child must follow rules set forth by the league, the coaches, or any volunteer associated with our league. I know this is a sport that is to be played for fun but I also understand the benefits of winning and losing with class and sportsmanship and ME AND MY CHILD will conduct ourselves in such a manner, both at Veterans Park or any other site in which we represent the Liberty County Recreation Department. By signing this form I understand that any violation of park rules or reports of actions detrimental to our team/league/county could result in mine and/or my child's removal from Liberty County Recreation Department's sports programs.**

**SIGNATURE _____

*PAY BY: CHECK _____ CHECK NUMBER _____ CASH _____

PLAYER SIZING INFORMATION

*****PARTICIPANT WILL NOT RECEIVE ANY UNIFORM OR EQUIPMENT UNTIL REGISTRATION IS PAID IN FULL**

JERSEY SIZE: _____

PANT SIZE _____

CHOICE OF NUMBER (LIST 3) _____

PARENT/GUARDIAN

SIGNATURE _____