**For Office Use Only**

Receipt number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check/ MO number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birth certificate on file: (YES) \_\_\_\_ (NO) \_\_\_\_

**2021-2022 Mercedes Youth Recreation Sports**

**League Registration**

Date of Registration: \_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_

Player’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Birthdate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_

Parent/ Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_City :\_\_\_\_\_\_\_ Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**T-SHIRT SIZE: YXS YS YM YL YXL AS AM AL AXL**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |

**PARENTAL AUTHORIZATION**

I, Parent, or guardian of the above named participant fully understand that the participation in The Mercedes Recreation Center Youth League involves risks. Although I fully appreciate those risks, I desire to participate without regard to the consequences. I assume all risks and hazards.

Incidental to such participation and do hereby waive, release, absolve, indemnify and agree to hold harmless the City of Mercedes, Mercedes Recreation Center, or any other individuals, firm or organization resulting in whole or part from any participation in The Mercedes Recreation Center Youth League. This waiver shall be permission to any and all of the forgoing to use any photograph, video tapes, motion pictures, recording or any other record of this event for any legitimate purpose. **NO REFUNDS GRANTED UNDER ANY CIRCUMSTANCES.**

**Covid-19 Risk – By participating with the Recreation Center Programs, I assume full responsibility of my children being exposed to COVID-19. I will not hold the Recreation Center, The City of Mercedes or any City Employee accountable for this risk.**

I, also grant permission to managing personnel or other representatives to authorize and obtain medical care from any licensed physician, hospital or medical clinic should my child become ill or injured while participating in club activities.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Guardian Signature Date Relationship

**For Office Use Only:**

**Sport: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Team Name/Age Division:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**