

2010 FOOTBALL REGISTRATION FORM

Date: _____

*****PLEASE USE EXACT NAME THAT IS ON THE BIRTH CERTIFICATE*****

Name: Last _____ First _____ Middle _____

Please list the address where the child lives in the space below:

Address: _____

City: _____ State: _____ Zip _____

School Attending: _____ 2010/2011 Grade: _____ Date of Birth: ____/____/____

Child Lives with: Father Mother Both

Father's Name: First _____ Last _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Mother's Name: First _____ Last _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-Mail address: _____

Age as of August 1, 2010 _____ Return Player? Yes No

Team (Please Check Team That Applies)

- | | | | | | |
|----------|--------------------------|--------------|-----|--------------------------|-------------------------------|
| 5 To 6 | <input type="checkbox"/> | Mighty Mites | Red | <input type="checkbox"/> | |
| 7 To 8 | <input type="checkbox"/> | Mini Mites | Red | <input type="checkbox"/> | Blue <input type="checkbox"/> |
| 9 To 10 | <input type="checkbox"/> | Mites | Red | <input type="checkbox"/> | Blue <input type="checkbox"/> |
| 11 To 12 | <input type="checkbox"/> | Midgets | Red | <input type="checkbox"/> | Blue <input type="checkbox"/> |
| 13 To 14 | <input type="checkbox"/> | Juniors | Red | <input type="checkbox"/> | |

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PLEASE READ, INITIAL, SIGN AND DATE NEXT PAGE

SUBJECT: PARENTS' RESPONSIBILITIES

I hereby acknowledge that my child's participation in Pace Athletic and Recreation Association, Inc. programs (hereinafter "PARA") obligates me to the rules and responsibilities listed below and that these rules are not all inclusive.

_____ *If your team does not raise the \$1500.00 required in sponsorships/ads, the parents will be responsible for paying it.*

_____ *Participate in workdays as scheduled by the park or your coach.*

_____ *Participate in all park wide and/or team fundraiser. These are MANDATORY!!!! NO EXCEPTIONS!!*

_____ *You will be responsible for your children at all times when on PARA property. I fully realize that any damage that my child does to the park will be treated as vandalism and treated as such as the law allows.*

_____ *There will be no COOLERS, FAST FOODS OR OTHER SUCH FOODS allowed in or on PARA property one (1) hour before or during scheduled games times. If you bring such items in, you will be told to leave. Concession sales are the life blood of the park. Without them, we would not be able to make ends meet.*

_____ *Failure to abide by the above rules and responsibilities will be dealt with according to our by-laws.*

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FOR PARA USE ONLY

Child Number _____ Child #1 = \$120/\$135 Child #2 = \$95/\$110 Child #3 = \$80/\$95 Child #4 or more \$25

****Second amount is after August 1, 2010****

Amount Paid _____ Amount Owed _____

Check Number _____ Cash or Check Receipt Number _____

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Medical Treatment Authorization for 2010

I, _____ **Father** **Mother** **Legal Guardian**
(Please Print)

do hereby give permission to obtain medical treatment for _____
(Please print child's name)

_____ should he/she suffer an injury while under the
(Date of Birth)

supervision of a Pace Athletic and Recreation Association (PARA) Manager/Coach or at the Pace Ball Park.

1. Please list any medical conditions (i.e., epilepsy, heart condition, allergies, etc.) which may be of importance should an injury occur during the parent(s)/legal guardian's absence. _____

2. Please list child's physician: (1) _____

(2) _____

3. Please list preferred hospital, should an injury require transport by Emergency Medical Services or another adult.

Hospital

Location (City)

Hospital

Location (City)

4. In case of an emergency and in the absence of the child's parent(s)/legal guardian, please notify:

Name

Relationship to child

Home Telephone Number

Work Telephone Number

STATE OF FLORIDA, COUNTY OF SANTA ROSA

ACKNOWLEDGEMENT OF NO P.A.R.A PROVIDED MEDICAL OR ACCIDENT INSURANCE

I hereby acknowledge that I have been informed and fully understand that Pace Athletic and Recreation Association, Inc. does not provide or make available medical insurance for my children who are participating in sports activities at PARA facilities. That PARA is covered by a liability policy for the PARA premises only. I understand that PARA will not be responsible for medical coverage for injuries due to a sports activity or any other injury on PARA property.

Signature

Date: _____

(Board Member)

(Board Member)