

DO YOU HAVE AN INTEREST IN COACHING?

YES ( )

NO ( )

*Hoke County* Parks and Recreation Department  
Youth Registration Form

**Office Use Only**

Staff Initials: \_\_\_\_\_

Registration Fee Paid: \$ \_\_\_\_\_

Receipt Number: \_\_\_\_\_

Insurance: Yes \_\_\_ No \_\_\_

Insurance Fee Paid: \$ \_\_\_\_\_

Total Paid: \$ \_\_\_\_\_

Birth Certificate Reviewed Yes ( ) No ( )

**NO** Child May Participate or Register without Proof of Birth REVIEWED & Verified

I have more than 1 child (siblings) that needs to be placed on the same team because of age.

Childs Name: \_\_\_\_\_

Relation: \_\_\_\_\_

**Participant Information**

Participants Name: \_\_\_\_\_

First Name

Last Name

**Date of Birth:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

Male: ( ) Female: ( )

**League Age:** \_\_\_\_\_  
OFFICE USE ONLY

Address: \_\_\_\_\_

City: \_\_\_\_\_

Zip Code \_\_\_\_\_

School Attending: \_\_\_\_\_

or School to Attend: \_\_\_\_\_

**Parent or Guardian Information**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Main

Alternate

E-Mail \_\_\_\_\_

Please note that these phone numbers may be used for automated announcements, such as cancellations.

May We Contact You at Work for Non-Emergency Situations?

YES \_\_\_\_\_

NO \_\_\_\_\_

**Does your child have asthma?**

YES ( )

NO ( )

**Sport History**

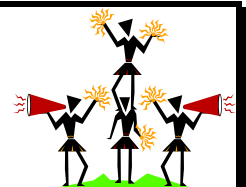
Did your child play this sport in Hoke County last year? Yes ( ) No ( ) If yes, complete the following

Team Information: Coach: \_\_\_\_\_ Team Name: \_\_\_\_\_

Program/Age Group: \_\_\_\_\_ My Child Has Fun: Yes ( ) No ( ) First time Participant ( )



Cheerleader



**GENERAL RELEASE and WAIVER of LIABILITY  
HOKE COUNTY, NORTH CAROLINA**

**Participants Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Home Phone:** ( ) \_\_\_\_\_ **Work Phone:** ( ) \_\_\_\_\_ **Cell Phone:** ( ) \_\_\_\_\_

**Medical Doctor:** \_\_\_\_\_ **Phone:** ( ) \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Alternate Contact:** \_\_\_\_\_ **Phone:** ( ) \_\_\_\_\_

Medical Insurance Company and Policy Number (for minors only): \_\_\_\_\_

Physical Condition: I am in good health except for the following medical conditions or allergies (include drug allergies): \_\_\_\_\_

**(Attach additional sheets if necessary)**

From time to time I desire and request to participate in programs, activities, events, sports and trips sponsored by the Hoke County (collectively referred to as Activities) and the Hoke County Parks and Recreation (collectively referred to as Hoke County). I agree to be bound by the following terms and conditions:

- I am familiar with the Activities I am participating in and I possess the necessary skills and ability to participate in these Activities. This waiver will apply to all the activities I may participate in from time to time.
- I understand that many of these Activities, especially physical activities like sports and dancing are risky activities and may result in minor and sometimes significant injury.
- I acknowledge that I am voluntarily participating in these Activities.
- I assume full responsibility for all liability and all risk of injury or loss, including serious injury and death, which may result from my participating in these Activities.
- I hereby hold harmless, release, waive, forever discharge Hoke County, its agents, employees and volunteers for any damage I may suffer, by reason of any accident, illness, injury or death, or damage to or loss or destruction of any property, arising or resulting directly or indirectly from my participating in Hoke County Activities and occurring during such participation or any time subsequent thereto.
- I hereby authorize Hoke County and its agents to seek medical care on my behalf should the need arise.
- I hereby acknowledge that my participation in the Activities does not in any manner establish an employer-employee or agency-employee relationship with the Hoke County.
- This General Release and Waiver of Liability of all claims is binding on my heirs, executors, administrators and, family members and any and all persons pursuing a claim on behalf of me or my estate or against me or my estate.
- I affirm that the information I have provided is true; that I have reviewed the rules and regulations necessary to participate in Hoke County Activities.

By signing below, I agree that I have read and understand this General Release and Waiver of Liability and agree to be bound by it.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**CONSENT of PARENT, GUARDIAN or PARTICIPANT (IF OVER 18),**

I as the parent/guardian of the minor child listed above or as the participant (If over 18), and have the authority to enter into this agreement of General Release and Waiver of Liability set out above on behalf of the minor child or myself as a participant.

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Relationship:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**NOTE:** Attach to all Registration Forms

## **SPORT PARENT / SPECTATOR CODE of CONDUCT and RESPONSIBILITIES**

The sport parent and spectator shall:

- ❖ Display good sportsmanship at ALL Parks and Recreation Department events
- ❖ Remain in their designated areas during all games
- ❖ Control their emotions
- ❖ **NOT** approach recreation department staff, game officials or scorekeepers at any time in a threatening manner
- ❖ Discuss concerns or problems with coaches at the appropriate time and place in a positive manner
- ❖ Place the emotional and physical well being of the player ahead of any personal desire to win
- ❖ Understand and have a general knowledge of the rules for each sport
- ❖ Uphold the authority of officials who are assigned to the games and **NOT** argue with or berate these game officials
- ❖ Cooperate with the administrators of our organization in the enforcement of the rules and regulations
- ❖ Understand that if I **VIOLATE** these or any rule that threatens the health and safety of the participants or spectators I will be asked to leave the facility.
- ❖ **REMEMBER** the game is for the children and **NOT** the **ADULT**

**NOTE:** AT ANY TIME DEEMED NECESSARY THE PARKS and RECREATION ATHLETIC DIRECTOR or DIRECTOR HAS the AUTHORITY to TAKE APPROPRIATE ACTION AS NEEDED TO ENSURE THE SAFETY AND SUCCESS OF THE ATHLETIC PROGRAMS.

**DON'T FORGET TO HAVE FUN!!** Remember, it is a game. It is serious, it matters but it is PLAY. Show your child what they are doing matters, but don't take yourself too seriously.

**IF YOU ARE NOT HAVING FUN, YOU ARE NOT PLAYING A GAME ANYMORE.**

With my signature, I acknowledge that I read and understand these rules and responsibilities, and agree to abide by these rules and responsibilities.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Programs Requiring a Draft Will Not Grant Requests for a Specific Coach or Team**

**And**

**ALL PLAYERS AGING UP or REQUESTING to PLAY UP INTO the NEXT AGE LEVEL MUST ENTER the DRAFT**

**And**

**A Returning Player May Ask for a Release From the Team Assigned the Previous Year and CAN RE-ENTER THE DRAFT. Providing the Previous Team Coach is Returning--Only A Returning Player from the Previous Season Team May Make This Request. A Player Drafted or Assigned a Team for the Current Season is NOT Eligible for This Option**

**And**

**ONLY BROTHERS and SISTERS in the SAME AGE group WILL be GUARANTEED placement on the SAME TEAM**

**And**

**NO OTHER REQUESTS INCLUDING TRANSPORTATION are GUARANTEED**

**REQUESTS FOR REFUNDS AFTER THE 1<sup>ST</sup> SCHEDULED GAME WILL NOT BE GRANTED FOR ANY REASON**

**I have read and understand these statements**

**Parent Initials: \_\_\_\_\_**