



Port Wentworth Department of Leisure Services Youth Sports Registration Form



Age: _____ Date of Birth: ____/____/____ Sex: M / F Sport: _____

Participant Name: _____ Home Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Father's Name: _____ Daytime Phone: _____

Mother's Name: _____ Daytime Phone: _____

Health Concerns: _____

Are you interested in being a volunteer? Y / N- Coach Assistant Coach Team Parent Concessions

Would your company be interested in being a team sponsor or placing an ad in our gym? Y / N

Contact e-mail for family: _____

I agree to abide by the rules set forth by the City of Port Wentworth Department of Leisure Services Department.

I understand that the City of Port Wentworth Department of Leisure Services Department staff will place my child on a team. I fully accept the decision and understand that players will not be allowed to move my child into another age group, unless it is deemed necessary to maintain another age group's team.

I agree to conduct myself in a positive manner and will ensure that all visitors that attend games and practices will act in accordance throughout the season. I also understand that failure to abide by the rules set forth by each department may result in my being banned from attending activities. I support the City of Port Wentworth Department of Leisure Services Department and all of the philosophies set forth by the staff.

I hereby certify that my child is in good health and capable of participating in this program. I understand that injuries may occur in the course of the activity and also understand that the City of Port Wentworth does not carry supplemental insurance.

I understand that some of the equipment supplied to my child may need to be turned back in to the City. Failure to do so will result in my being billed the cost of purchasing the same item, including but not limited to art charge, set-up fees and shipping.

Parents Signature _____ Date ____/____/____