



Port Wentworth Leisure Services Sports Registration Form 2017 -2018

Name of Sport Registering for _____

Sizes: Shirt/Jersey _____ Pants/Shorts _____

Participants Name _____ Age _____ Date of Birth ____/____/____ sex _____

Address _____ Phone Number _____ Childs School _____ . Grade _____

City _____ State _____ Zip Code _____

Fathers Name _____ Cell # _____ Email _____

Mothers Name _____ Cell # _____ Email _____

Emergency Contact _____ Phone _____ Phone _____

Health Comments (Allergies, health issues) _____

Are you interested in volunteering with Port Wentworth Leisure Services? Yes _____ No _____
Coach _____ Asst. Coach _____ Team Parent _____ Concessions worker _____

Would your company be interested in sponsoring a team or putting a sign at the field? Y__N__

Check here if you do not wish to have your child's picture on our City of Port Wentworth marketing material.

All football Participants must have BIRTH CERTIFICATES ATTACHED TO THIS FORM TO PARTICIPATE. IF ON FILE PLEASE MAKE A NOTE.

I agree to abide by the rules and regulations as set forth by the Port Wentworth Leisure Services Department. I understand that the Port Wentworth Leisure Services Department staff will assign my child to a team. I fully accept the decision of the Leisure Services Department staff regarding team selections. I will conduct myself with a positive attitude towards Leisure Services Department Staff, coaches, opposing team, fans, and officials during the season. I understand that failure to follow this principle may lead to punishment by the Port Wentworth Leisure Services Department staff, which may include but not limited to suspension from the Port Wentworth Leisure Services Department events. I support the Port Wentworth Leisure Services Department youth sports philosophy, which is based on participation, fun, physical fitness, and health, skill development, teamwork, fair play, family involvement and volunteer leadership.

I hereby certify that my child is in normal health and capable of safe participation in the youth sports program. I understand that injuries may occur and that **Port Wentworth Leisure Services Department** Does Not carry supplement insurance. I also understand that the Port Wentworth Leisure Services Department may require some or all the sports equipment assigned to my child to be turned in after the season. Failure to do so will result in a fee being charged to cover the cost of the equipment, all printing, charges, set-up, and all shipping incurred by The City of Port Wentworth Leisure Services Department.

Parent signature _____ date _____

