

# ***Port Wentworth Patriots Fall Winter Youth Sports Registration Form 2017-2018***



Please check which sport you are signing up for and make your payment at Port Wentworth City Hall.

Basketball \_\_\_ Baseball \_\_\_ Softball \_\_\_ T-Ball \_\_\_ Tumbling \_\_\_ Wrestling \_\_\_ . **Art** \_\_\_ .

**Sport:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Sex:** \_\_\_\_\_ **AGE:** \_\_\_\_\_ .

✚ Participant Name: \_\_\_\_\_ . Phone: \_\_\_\_\_ .  
 ✚ Address: \_\_\_\_\_ City State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ .  
 ✚ Mother/Guardian \_\_\_\_\_ Daytime phone: \_\_\_\_\_ .  
 ✚ Father/Guardian \_\_\_\_\_ Daytime Phone: \_\_\_\_\_ .  
 ✚ Childs School attending: \_\_\_\_\_ Grade level \_\_\_\_ E-mail Address \_\_\_\_\_ .

✚ **Shirt Size:** YS, YM, YL, AS, AM, AL, AXL    **Pants Size:** YS, YM, YL, AS, AM, AL, AXL

✚ **Any Health Concerns our coaches need to be aware of please list.**

- ❖ **Interested in being a Volunteer Please Circle:** Coach, Assistant Coach, Team Parent, Concessions
- ❖ **Check YES \_\_\_ or NO \_\_\_ if you want your child picture in the newspaper or on our social media site.**
- ❖ **Would your company be interested in being a sponsor? Y/N**

### Parent Code of Conduct

1. I agree to abide by the rules set forth by Port Wentworth Leisure Services Department.
2. I understand that Port Wentworth 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 groups team.
3. 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 Port Wentworth Leisure Services Dept. and all of the philosophies set forth by the Director.
4. I hereby certify that my child is in good health and capable of participating in the program. I understand that injuries may occur in the course of the activity and also understand that Port Wentworth does not carry supplemental insurance.
5. I understand that some of the equipment supplied to my child may need to be turned back into the City. Failure to do so will result in my being billed for the cost of purchasing the same item, including but not limited to art charge, set-up fees and shipping a charge up to \$500.00.

**Parents Signature:** \_\_\_\_\_ **Date** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ .

**Parents Print Your Name:** \_\_\_\_\_ .

**All registration payments must go to Port Wentworth City Hall Located at 305 South Coastal Highway  
Port Wentworth, GA. 31407 Call 912-966-7428 for more detailed information.**