



SPORTS REGISTRATION

PARTICIPANT INFORMATION:

Last Name: _____ First Name: _____ Middle: _____ Shirt Size: _____

Date of Birth: _____ Age: _____ Activity/Sport: _____ M/F (*Circle One*)

Mailing Address: _____

City: _____ Zip Code: _____

Phone: _____ Alternate/Cell: _____

Email: _____

Did your child participate in this sport last year? Yes/No (*Circle One*)

Team: _____ Coach: _____

COACHING INFORMATION: (*Coaching Form must be completed*)

Yes, I would like to volunteer as a coach: Name: _____ **Phone:** _____

PARENT INFORMATION:

Mother's Name: _____ Phone: (Mother) _____ Cell: (Mother) _____

Father's Name: _____ Phone: (Father) _____ Cell: (Father) _____

EMERGENCY INFORMATION:

Emergency Contact Name (other than parent): _____ Phone: _____

Allergies: _____ Serious Medical Conditions: _____

PARENTAL RESPONSIBILITIES I UNDERSTAND AND AGREE TO FOLLOW THE PARENT'S CODE OF ETHICS. I agree to return upon request the uniform and other equipment issued to my child in as good as condition as when received, except for normal wear and tear. I have read and fully understand that these terms are not a mere recital and sign it voluntarily, and hereby take responsibility for the above information and its accuracy. I also understand that if not correct, my above-named child will be ineligible to play this season. According to the general youth league participation guidelines, I also understand that a fee paid for my child to participate is **NON-REFUNDABLE** and I hereby waive my rights for redemption of said fee.

OFFICE USE ONLY

Staff Initials: _____ Registration Fee: _____ Receipt #: _____ Date ID #: _____



Hoke County Parks and Recreation
 423 East Central Ave
 Raeford NC 28376



**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: _____

Work Phone: _____ Cell 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

(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, yoga, martial arts, 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, waiver, 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 Hoke County.



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- I understand it is my responsibility to honestly and appropriately answer the COVID-19 screening tool at each visit.
- Hoke County will take preventive measures to reduce the spread of COVID-19, but I understand the risks of possible exposure to COVID-19 and will not hold Hoke County or its Commissioners, officers, directors, agents or employees or their respective successors or assigns, responsible.
- 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 UNDER 18)

I _____ as the parent/guardian of the minor child listed above or as the participant (If under 18), 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: _____



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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 **ADULTS**

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 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

REQUEST FOR REFUNDS AFTER THE 1ST SCHEDULED GAME WILL NOT BE GRANTED FOR ANY REASON

I HAVE READ AND UNDERSTAND THESE STATEMENTS

PARENT INITIALS: _____



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AUTHORIZATION PERMISSION FORM FOR PHOTOGRAPHY

Participant's Name: _____

Address: _____ Phone: _____

City: _____ State: _____

I give my permission for photos to be taken of my child in activities at Hoke County Parks and Recreation and displayed on Parks and Recreation web page. I understand that children aren't identified, and their name will not be used. This permission form is only for seasonal events and must be renewed for subsequent sports or activities, sign and date.

Please check one:

() **I DO NOT** give consent for photography to be taken of my child

() **I DO** give consent for photography to be taken of my child and displayed on Parks and Recreation web page.

Parent's Signature: _____

Date: _____