



Simpsonville Parks & Recreation

Sports & Activities Registration Form

FAMILY NAME: _____ **PHONE:** (# you want our automated phone system to contact you at) _____

EMAIL: _____

ADDRESS: _____ **CITY:** _____ **ZIP CODE:** _____

Participant(s) Name	Gender	DOB	Age	Grade	Shirt Size	Program/ League	Fee
		/ /					
		/ /					
		/ /					
<p>Release/ Waiver of Liability</p> <p>I/We the parent(s) or legal guardian(s) of the above named minor hereby give approval for participation in any and all practices, games, and other activities related to the League.</p> <p>I/We understand that participation in recreational sports may result in serious injury and that protective equipment and other measures do not always prevent injuries.</p> <p>I/We hereby waive, release, absolve, indemnify, defend, and agree to hold harmless the City of Simpsonville, Municipal Building Corporation, its advisory committee, Simpsonville City Officials, Agents, Employees, Representatives, Parks Board, league organizers, sponsors, supervisors, and participants from activities for any claim arising out of injury to my/our child whether the result of negligence or any other cause.</p> <p>___ (Check if yes) I give permission for my child's picture (without name) to be used on the Park's Website at cityofsimpsonvilleky.com. and in other promotional pieces.(Pictures used for promoting Park programs and events only)</p> <p>Parent/ Guardian signature: _____ Date: ___/___/_____</p>						<p>Include your voluntary donation to the Parks Fund:</p> <p>\$3</p> <p>\$5</p> <p>\$10</p> <p>Other \$ _____</p>	<p>\$</p>
						Total Enclosed	\$

Web: www.simpsonvilleparks.com

Phone: (502) 722-8793

Email: Simpsonvillepark@cityofsimpsonvilleky.com

Mailing Address

Simpsonville Parks and Recreation
 PO box 557
 Simpsonville, KY 40067
 (Drop box in back of City Hall)

Drop-Off Address (8am-4pm)

Simpsonville City Hall
 108 Old Veechdale Road
 Simpsonville, KY 40067

24 Hour Drop-Off

Simpsonville City Hall
 108 Old Veechdale Road
 Simpsonville, KY 40067

Office Use:
Date Paid: _____ Check #: _____ Cash: _____
Amount: \$ _____ Rec'd by: _____

PARENT/GUARDIAN INFORMATION

NAME _____ RELATIONSHIP _____

ADDRESS (if different) _____

PHONE#: HOME _____ CELL _____ WORK _____

E-MAIL ADDRESS: _____

***Please list any medical/physical problems or limitation in which your child may have of which the league and coaches should be made aware, and if so please explain:**

PARENT/GUARDIAN'S SIGNATURE: _____ **Date:** _____

COACHING INFORMATION

Please consider coaching a team in the parks system this season. We always need good people that are dedicated to our great community and our children. Thank you in advance for volunteering your time.

Coach's Name: _____ (circle one) Head Coach Assistant

E-Mail Address: _____ Age Group: _____ Shirt Size: S M L XL XXL

Phone numbers: Home: _____ Cell: _____ Work: _____

SPONSORSHIP INFORMATION

Please consider sponsoring a team and showing your commitment to the park system and the teams. Businesses/organizations will receive their name on the team uniform and a "Thank You" plaque for display. Thank you in advance for your participation.

YES, I would love to sponsor a team! I have enclosed my check in the amount of \$300 made payable to Simpsonville Parks & Recreation.

With your sponsorship you may also advertise on our website. You must supply a 175 x 175 pixels image – business card size – and email to simpsonvillepark@cityofsimpsonvilleky.com.

Website: _____

Sponsor Name: _____

Contact Person: _____ Phone Number: _____

Business Address: _____

Business Email Address: _____