

**City of Columbia Parks and Recreation  
Youth Athletic Registration Form**



**Please check the sport that your child is interested in participating. Cost: \$25 per participant**

- |   |   |
|---|---|
| <input type="checkbox"/> Winter Basketball (9-17) | <input type="checkbox"/> Soccer (3-12)                              |
| <input type="checkbox"/> Baseball (9-15)          | <input type="checkbox"/> City Hoops Instructional Basketball (4-8)  |
| <input type="checkbox"/> Summer Basketball (8-18) | <input type="checkbox"/> City Sluggers Instructional Baseball (4-8) |
| <input type="checkbox"/> Flag Football (5-10)     | <input type="checkbox"/> Girls Softball (9-13)                      |
| <input type="checkbox"/> Swim Team (6-18)         | <input type="checkbox"/> Track & Field (10-13)                      |

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**IMPORTANT: APPLICATIONS WILL NOT BE PROCESSED WITHOUT REQUESTED  
BIRTH INFORMATION AND PARENT/GUARDIAN SIGNATURE.**

**PARTICIPANT'S NAME:** \_\_\_\_\_ **AGE:** \_\_\_\_\_ **SEX:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Shirt Size: Youth: XS S M L Adult: S M L XL**

**Address** \_\_\_\_\_ **City, State, Zip** \_\_\_\_\_

**PARENT/ GUARDIAN NAME(S):** \_\_\_\_\_

**Home #** \_\_\_\_\_ **Cell #** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Will volunteer as a:** **Coach:** \_\_\_\_\_ **Assistant Coach:** \_\_\_\_\_ **Team Parent:** \_\_\_\_\_

**Does your child receive free or reduced lunch?** \_\_\_\_\_ **Verification will be required**

**LIABILITY STATEMENT:**

*In consideration of the events and facilities provided by the City of Columbia, its employees, agents, sponsors and officers, I hereby release and forever discharge the aforementioned from any and all liability arising out of my child's participation in or travel to and from the park.*

*I am fully aware of the risk inherent to participation in physical activities and should not allow my child(ren) to participate unless medically able. I assume all risks associated physical activities(sports and games).*

*I agree that photographs, recordings or any other records may be collected and used for the purpose of administering and promoting programs operated or sponsored by the City of Columbia.*

*In case of accident or illness, I authorize a representative of the City of Columbia to obtain immediate care deemed necessary by licensed medical personnel.*

**Parent/Guardian Signature**

**Date**

**Receipt #**

**Date**

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