

CARTER LAKE PARK & RECREATION
BLAST BALL REGISTRATION FORM
\$21.40

PLEASE PRINT

PLAYER'S NAME: _____

HOME PHONE #: (____) _____ EMAIL ADDRESS: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

SEX: ___ Male ___ Female BIRTHDATE: _____ AGE on April 30, 2020: _____

***** OFFICE USE ONLY *** BCOF ___ *** BROUGHT IN ___ *** NEED ___ *****

BLAST BALL is for 4 year olds.

TEAMS WILL BE COED

UNIFORM INFORMATION

Please indicate the size your child needs this season:

T-SHIRT : **YOUTH:** ___ SMALL ___ MEDIUM **ADULT:** ___ SMALL ___ MEDIUM

This is to certify that I, parent or guardian of (insert your child's name) _____, a player on a Carter Lake league team, hereby grant permission to the adult coach, assistant coach, or manager of the team to obtain medical care, at my expense, for the player named above from any licensed physician, hospital, or medical clinic at such time as either parent or legal guardian cannot be contacted in person or by telephone. This authorization shall include all league activities, games, and travel to and from those activities. This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of my dependent. I also hereby waive, release, absolve, indemnify, and agree to hold harmless the City of Carter Lake, Carter Lake Park & Recreation, the organizers, supervisors, participants, officials, game fields, employees, and any persons transporting the player to and from those activities, for any and all claims arising out of an injury to the above named player.

PRINT YOUR NAME: _____ YOUR SIGNATURE: _____

Relationship to player: _____ Best Number to be reach at: (____) _____

Are there any medical problems for this child that we should know about? _____

PARENTS, CAN YOU BE: ___ A COACH? (Shirt size _____) ___ AN ASST. COACH? (Shirt size _____)

OFFICE USE ONLY: CHECK # _____ PD CASH TOTAL PAID _____ DATE PAID _____