

Jefferson Parish Department of Parks and Recreation
ATHLETIC DIVISION

Playground _____ Male Female

Please read the reverse side of this form for Rules and Regulations

Check one box:

- | | |
|--|--|
| <input type="checkbox"/> Track | <input type="checkbox"/> Cheerleading |
| <input type="checkbox"/> Soccer | <input type="checkbox"/> Volleyball |
| <input type="checkbox"/> Baseball/Softball | <input type="checkbox"/> Basketball |
| | <input type="checkbox"/> Flag Football |

Please **PRINT** all information.

Participant's Name _____
 (Last) (First) (Middle)

Address _____

City _____ Zip _____ Residence Phone _____

Current Age _____ Date of Birth ____ / ____ / ____ E-Mail (optional): _____

School attending _____ Grade _____

Parent's/Guardian Name _____

Business phone _____ Cell Phone _____ Beeper _____

Emergency Name _____ Emergency Phone _____

Playground and Team played with last year _____

Please list any allergies, medical problems or other problems _____

- I hereby grant permission for my son/daughter to participate in the Department of Parks and Recreation program indicated above for the Parish of Jefferson, Louisiana.
- I acknowledge that the above named participant is in good health and has no physical defects that strenuous exercise would affect.
- I certify that my son's/daughter's name and age are true and correct and that the address listed above is his/her legal residence. I further understand that my child **MUST** reside in the proper playground district or have a valid waiver.

[NOTE: In those districts that share common areas or neutral zones, the participant's original choice will be their proper playground district. It is the responsibility of the parent/guardian to make sure they are in the proper playground district.]

- I understand that providing false information or violating any of the rules above and on the back of this form will subject my child (the above participant) to penalties.
- In case of accident or illness, my signature below hereby authorizes a representative of Jefferson Parish Department of Parks and Recreation to use his/her judgment in obtaining immediate medical care.

I have read and understand the rules printed above and on the back of this form and do agree to comply.

Signature of parent/guardian _____ Date _____

FOR OFFICE USE ONLY
Insurance:
Amount \$ _____
<input type="checkbox"/> Cash
<input type="checkbox"/> Check # _____
Driver's License No. _____
Proof of Residency:
<input type="checkbox"/> Cable bill
<input type="checkbox"/> Driver's license
<input type="checkbox"/> Electric bill
<input type="checkbox"/> Gas bill
<input type="checkbox"/> Phone bill
<input type="checkbox"/> Water bill
<input type="checkbox"/> Other _____
By: _____