



# HEARD COUNTY RECREATION FALL BALL REGISTRATION



Participant's Name: \_\_\_\_\_ Female \_\_\_\_\_ Male \_\_\_\_\_

**AGE CONTROL DATE: Play age group you will play in the spring**

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ School: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Contact Phone # \_\_\_\_\_ Email: \_\_\_\_\_

**Please list medical conditions we need to be aware of:** \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_

Father's Name: \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_

Emergency Contact (Other than parent)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Are you interested in coaching? YES \_\_\_ NO \_\_\_ Head coach \_\_\_ Asst. Coach \_\_\_

**(This does not guarantee that you will be selected as a coach. You will need to fill out a coaches application consenting to have a background check.)**

**If you would like the participant to be placed up one age group, complete this "AGE OVERRIDE" section:**

Age Group: \_\_\_\_\_

Parent / Guardian Signature

Date

**JERSEY # REQUEST** \_\_\_\_/\_\_\_\_ (List two numbers- - Request cannot be guaranteed)  
**THIS IS YOUR RESPONSIBILITY- - IF YOU FAIL TO DO THIS, PLEASE DO NOT REQUEST A NUMBER AFTER UNIFORMS HAVE BEEN ORDERED!**

**\*\*Special Request: As of Jan. 1, 2011, we will not be honoring special requests for transportation needs or to be with friends. WE WILL NOT honor requests for particular coaches. The ONLY requests that will be honored will be coach's children, family members and siblings. Please do not ask for special request to be made.**

Date Paid: \_\_\_\_\_ Amount Due: **\$35.00** Amount Paid: \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_

Receipt # \_\_\_\_\_ Credit Card/Debit Card \_\_\_\_\_ On-Line \_\_\_\_\_

Received From: \_\_\_\_\_ Received by: \_\_\_\_\_