

TRI-COUNTY/HARRISBURG SPORTS PROGRAM

P.O. Box 391, HARRISBURG, OREGON 97446

www.harrisburgsportsprogram.com

ACTIVITIES REGISTRATION FORM

First Name _____ Last Name _____

Home Address _____

City _____ State _____ Zip _____

Phone # _____ Alternate # _____

School _____ Grade _____ Male / Female

Date of Birth ____/____/____ AGE _____ Email _____

Parents Names _____ Shirt Size _____

Health Concerns _____ Short/Pants Size _____

SPORT REGISTERED FOR

I or members of my family volunteer to help with or be.

Soccer Volleyball Coaching _____

Basketball Baseball Team Scorekeeper during games

Softball T-Ball Working on projects to assist the HSP Board

Football _____ Other _____

PERMISION AND RESPONSIBILITY: I hereby grant my (our) child permission to play in the activity listed on the face of this form and I (we) agree to be responsible for the uniform and equipment issued to my (our) child. I (we) further agree to return said equipment and/ or uniform upon request in clean condition and if lost or destroyed due to my (our) negligence or that of the child to whom it was issued, I (we) agree to replace said item(s) at face value.

LIABILITY RELEASE: I grant permission for my child to participate in the Harrisburg Sports Program. I will not hold players, coaches, schools, Harrisburg Sports Program, board members or other sports programs liable for any accident or injury that occurs to my child while participating in games or practice. My child will be under the reasonable discipline of the coach and/or HSP Board of Directors. Additionally, I (we) understand that coaches, organizers, or HSP board members are neither required nor expected to administer first aid and that first aid kits will **NOT** be provided by HSP. I (we) have read and signed the pledge accompanying this form. I understand that the failure of myself, my child, or any other member of my family to comply with this can, at the discretion of the HSP Board, result in the player's suspension from games and/or the program. I (we) understand that I (we) need to provide transportation to practices and games.

Signature of Parent or Legal Guardian _____ DATE _____

FEE Amount _____ Check # _____ Cash _____ Invoiced Amount _____ Date _____