

LUFKIN PARKS & RECREATION

SPORTS REGISTRATION. Please ck next to the sport & circle the age/grade group.

___ FLAG FOOTBALL:

1st-2nd 3rd-4th 5th-6th 7th-8th
9th-12th

___ GIRLS YOUTH VOLLEYBALL:

3rd 4th 5th 6th

___ YOUTH BASEBALL:

Prep (4) T-Ball (5-6) Farm (7-8) Minor (9-10) Major (11-12)
Junior (13-14)

___ YOUTH BASKETBALL:

Grade: Kindergarten 1st-2nd-3rd-4th-5th-6th-7th-8th

___ YOUTH KICKBALL:

3-4 or 5-6

___ YOUTH SOFTBALL:

6U - 8U - 10U - 12U - 14U

PLAYER REQUEST: Please choose & fill-in appropriate information.

___ PLAY WITH SIBLING(S) list name(s): _____

___ PLAY UP TO NEXT AGE DIVISION: _____

PARENT OR GUARDIAN CONTACT INFORMATION.

MOTHER *Interested in coaching? (yes or no)* ___ Head Coach ___ Assistant Coach
Last Name First Name Work Phone Cell Phone

FATHER *Interested in coaching? (yes or no)* ___ Head Coach ___ Assistant Coach
Last Name First Name Work Phone Cell Phone

Email: _____

(We respect your privacy at LPAR. On occasion, we send emails updating you about sports and recreation programs. By providing your email address, you agree to receive such emails from LPAR.)

Last Name		First Name		Male/Female <i>Circle One</i>		Date of Birth		Home & Cell Phone	
Address (No P.O. Box)		City		State		Zip		Shirt Size <i>Circle one:</i> 6/8 10/12 14/16 34/36 38/40 42/44 46/48	

Player Information



LUFKIN PARKS & RECREATION LIABILITY WAIVER

Minor release:

I hereby acknowledge that I am the parent and/or guardian of the above named minor, and that the said minor has my permission to participate in above named activities and/or programs with the City of Lufkin, Parks & Recreation Department. I understand and agree in giving my permission that the City of Lufkin; its agents and employees, will not be liable or responsible for property damage or personal injuries of any kind or character which may occur during said programs or activities, and I do hereby release and forever discharge the said, City of Lufkin of and from all damages, personal injuries, claims, suits, demands, or causes of action arising out of or in connection with the said activities and/or programs.

I hereby represent and warrant the above is in good health and has no physical condition which represents a risk of participation in any program, sports, and facilities owned or used by the City of Lufkin, Parks & Recreation Department.

Photo release:

I understand photos and/or video may occasionally be taken of my child while participating in programs. These photos and videos are for department use only and may be used in future brochures, flyers, presentations, advertisements, or on the City's website.

THANK YOU FOR SUPPORTING LUFKIN PARKS & RECREATION!

Parent or guardian name: _____
(Please print)

Signature: _____ Date: _____



For office use only:

Receipt #: _____ CA CK CC Amount Paid: _____ Date: _____
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