

SPORTS REGISTRATION FORM

VILLAGE OF UNIVERSITY PARK
Parks and Recreation Department Participant Form

Name of Participant: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Hm Phone: _____ Cell Phone _____

Email Address: _____

Emergency Contact: _____ Age: _____

Grade: _____ Activity: _____

Shirt size: (Circle one) Child S M L XL Adult S M L XL 2XL 3XL

Your signature below acknowledges that you have read and agree to all terms and conditions listed on the registration pages of this brochure.

SIGNATURE PARENT/GUARDIAN OR PARTICIPANT (If over 18 years old) _____

DATE _____

Comments: _____

SIGN UP TO VOLUNTEER:

Field Prep _____ Team Caller _____ Fundraising _____ Equipment _____ Concession _____ Coach _____ Umpire or Referee _____ Bring water & snacks for players _____

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OFFICE INFO ONLY

RECEIVED: _____

CASH: _____

CHECK No.: _____

AMOUNT: _____

RECEIPT No.: _____

BALANCE DUE: _____

DATE DUE: _____

NO REFUNDS

ACTIVITY REGISTRATION FORM

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