



# KNOX COUNTY PARKS AND RECREATION YOUTH SPORTS REGISTRATION



***To be completed by coach or commissioner:*** Organization: \_\_\_\_\_

Coach: \_\_\_\_\_ Sport: \_\_\_\_\_ Division: \_\_\_\_\_

Participant Last Name: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ TN Zip Code: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Seasons in this sport: \_\_\_\_\_ Seasons in other sports: \_\_\_\_\_

Do you have medical Insurance?    Yes    No    Carrier: \_\_\_\_\_ #: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list any medical condition(s), disabilities, present injuries, heart or respiratory illness or other conditions that may affect this child's ability to participate: \_\_\_\_\_

Father/Guardian Email address: \_\_\_\_\_

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_

Mother/Guardian Email address: \_\_\_\_\_

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_

**EMERGENCY AUTHORIZATION**

If there is an emergency during participation in this program and I or another parent or guardian is not present, I authorize treatment and/or care at any hospital and I hereby authorize the volunteers and staff of this program as my agents. If I cannot be reached please contact the following person who is hereby authorized on my behalf:

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**DISCLAIMER, ASSUMPTION OF RISK AND WAIVER:**

To accept registration and permit participation in Knox County programs by the named participant, I the parent or guardian of said participant, hereby give my consent and agree to release, indemnify, and hold harmless Knox County, its officials, coaches, representatives and volunteers from any claim arising out of injury to the named participant. I acknowledge that Knox County does not provide medical insurance of any kind to participants.

For myself and on behalf of my heirs, assigns and next of kin, I acknowledge that participation in this program may include travel, participation on adverse field conditions, and risk of physical injury or death. For myself and on behalf of my heirs, assigns and next of kin, I willingly and voluntarily accept and assume all such risks of participation. I hereby release, discharge and agree to hold harmless Knox County, its employees, volunteers, officials, sponsors and other representatives from any and all claims, demands, costs, expenses and compensation arising out of or in any way related to any injury or other damage that may result to the participant while participating in this Knox County sponsored activity. I have read and agree to abide by the Knox County Sports Code of Conduct.

The below signed parent or legal guardian has read and understood the above information.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

I am interested in volunteering for: Coach    Asst. Coach    Team Parent    Other: \_\_\_\_\_

For game cancellations call the Gameline at 215-GAME (4263) or follow us on Twitter at [knoxcountyparks](http://knoxcountyparks.com). Sign-up on Twitter at [www.twitter.com](http://www.twitter.com) to receive automatic messages to your phone; standard text messaging rates will apply.  
**Questions- Call 215-6600      Knox County policies and fees are subject to change**

**ORIGINAL: Knox County Parks & Recreation    COPY: To be kept with coach during season**