Youth Recreation Registration Form
City of Natchitoches Recreation and Parks Department
660 MLK Drive
Natchitoches, La. 71457

Athletic Program you wish to register for (circle one):   Flag Football   Basketball

_____
Player's Last Name   First Name   Sex   Birthdate

_____
Mailing Address   City   State   Zip Code

_____
Parent's Name   Business Phone   Home Phone

_____
Email Address   Cell Phone   Alternate Telephone

Player's Shirt Size (circle one)   Adult: S   M   L   XL   XXL
                                    Youth: S   M   L   XL

Parents, our program needs your help! Please circle the areas that would interest you.

Coach   Assistant Coach   Team Sponsorship

Release of Liability/Consent for Medical Treatment/Equipment

As parents or guardians of the registrant, I agree to abide by the rules and regulations set forth for the City of Natchitoches Recreation and Parks Athletic League. I hereby release, discharge and/or otherwise indemnify the league, the City and Parish of Natchitoches, the Recreation Department under these civil entities, the national affiliations of the League, the sponsors, their employees and associated personnel against any claim by or on behalf of the registrant as a result of the registrant's participation in the programs and/or being transported to or from the same, which transportations I hereby authorize.

As the parent or legal guardian of the above name player, I hereby give consent for emergency medical care and transportation prescribed by a duty licensed Doctor of Medicine, or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependent. I also understand that there is an accident insurance associated with the league, but that I am financially responsible for such consented emergency measures.

I agree to return to the Volunteer Board Recreation Department any returnable equipment or uniforms loaned to players of the season. I agree to return such in the same general condition as I received them (consideration given to normal wear).

Parent/Guardian Signature:_____ Date:_____