



New Bern Parks & Recreation

SPRING 2022 COED SOFTBALL REGISTRATION FORM

Participant Name (First, Middle, Last) \_\_\_\_\_

Team Name \_\_\_\_\_

Age \_\_\_\_\_ Sex (please circle): M F Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zipcode \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Email \_\_\_\_\_

I live in the City Limits of New Bern:  YES  NO

If under the age of 18, please provide the following information:

Parent/Guardian \_\_\_\_\_ Relationship \_\_\_\_\_ Cell/Work # \_\_\_\_\_

Please list any medical conditions, allergies, limitations or special needs that we should be aware of:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SHIRT SIZE (please circle one) Adult: S M L XL XXL XXXL

**PARTICIPANT RELEASE**- As a participant in this league, I agree to review and abide by the rules and regulations governing this league. I agree to indemnify and hold harmless the City of New Bern, its departments, agents, employees, officials, sponsors, and volunteers for any injury, illness or damage to person or property during the course of this organized activity, or travel to and from this organized activity. **Photo Release:** I understand that from time to time, Parks and Recreation representatives will take photos of activities I am participating in. I also understand that these photos may be used in promotional materials for the Parks and Recreation Department. I understand that participation in this activity implies consent.

**PARENT RELEASE** (For participants under the age of 18) - I give permission for my child to participate in this activity organized by New Bern Parks & Recreation. I recognize that injuries occasionally occur while engaging in athletic activities. If my child requires medical treatment while participating, I give my permission for New Bern Parks & Recreation/EMS to provide the appropriate treatment. I agree to indemnify and hold harmless the City of New Bern, its departments, agents, employees, officials, sponsors, and volunteers for any injury, illness or damage to person or property during the course of this organized activity. I am a parent/guardian of this child. I have read and fully understand these releases.

\_\_\_\_\_  
Participant Signature Date

\*\*\*\*\*If Participant is under the age of 18, Parent must sign below\*\*\*\*\*

\_\_\_\_\_  
Parent Signature (Legal Guardian) Date

FOR OFFICE USE ONLY

- Form reviewed & verified
- Sport Information Sheet given
- Entered into Rec Desk

Processed by:

\_\_\_\_\_

Registration Fee \$ \_\_\_\_\_

Total Paid \_\_\_\_\_

Cash  Check#  CC