



# Carroll County Parks & Recreation Individual Registration

440 Main Street, Carrollton, Ky 41008  
Phone (502) 732-7029 Fax (502) 732-7033  
Email: [carrollcoparks@aol.com](mailto:carrollcoparks@aol.com)

Participant Name: \_\_\_\_\_

( ) Male ( ) Female Birthdate \_\_\_\_\_ Grade/Age \_\_\_\_ / \_\_\_\_  
(month/day/year)

Please list any medical conditions: \_\_\_\_\_

Program you wish to participate in : \_\_\_\_\_

Is there a sibling in the same league? \_\_\_\_\_

Did applicant participate in this program last year? If so, what team? \_\_\_\_\_

Please Circle:

Uniform Size: Shirt- (6-8)YS (10-12)YM (14-16)YL (30-32)AS (34-36)AM (38-40) AL (42-44) AXL  
Pants/Shorts- (6-8)YS (10-12)YM (14-16)YL (30-32)AS (34-36)AM (38-40) AL (42-44) AXL

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Other) \_\_\_\_\_

Email Address: \_\_\_\_\_

**PARENT SUPPORT:** We ask that parents help support the programs.  
Please check any areas that may interest you.

Coach \_\_\_ Assistant Coach \_\_\_ Referee/Umpire \_\_\_ Scorekeeper \_\_\_ Sponsor(\$)\_

**Waiver/ Exclusion Clause (please read carefully and sign below)**

I, the parent/guardian, of the above applicant, in consideration of being allowed to participate in any way do so at his/her own risk. Parks & Recreation, it's board, staff and agents, shall not be liable for any damages whatsoever arising from any personal injury or property loss sustained by participant and his/her family in or about any programs provided by Parks & Recreation. I acknowledge that I am aware of the risks inherent in participating in such programs and understand that they may require physical exertion; and could potentially lead to injuries that may cause permanent disability and/or death. Participants and parents assume full responsibility for all injuries and damages which may occur in or about any programs and on any premises that Parks & Recreation uses. He/She/I do or does hereby fully and forever release, discharge and hold harmless Parks & Recreation, all associated facilities and its owners, employees and agents from any and all claims, demands, damages, right of action, present or future resulting from or arising out of any person's participation in any programs.

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

- There will be a \$25 fee for all returned checks
- No Refunds after uniforms are ordered
- Do Not Return this form to school!
- Uniform will not be ordered unless fee is paid

Office Use:

Paid \_\_\_\_\_ Amount Paid \_\_\_\_\_ Cash( ) Check ( ) \_\_\_\_\_ Received By \_\_\_\_\_ Date \_\_\_\_\_