



Parks & Recreations Department

Sports Application

360 E. MAIN STREET, PAHOKEE, FLORIDA 33476 PHONE (561) 924-2972 FAX (561) 924-7645

DATE: _____

BASKETBALL

BASEBALL

TRACK

FOOTBALL

SOCCER

BOXING

PLAYERS FULL NAME

DATE OF BIRTH

AGE

GENDER

ADDRESS

CITY, STATE, ZIP CODE

PHONE NUMBER

SCHOOL

GRADE

EMERGENCY CONTACT

NAME: _____

PHONE NUMBER: _____

NAME: _____

PHONE NUMBER: _____

STATEMENT OF MEDICAL RELEASE

I, _____ (PARENT OR GUARDIAN) DO HEREBY AUTHORIZE EMERGENCY CARE FOR
MY CHILD, _____ (CHILD'S NAME) WHO IS PARTICIPATING IN THE CITY OF PAHOKEE 2014
RECREATIONAL PROGRAM.

PARTICIPATION STATUS

I CERTIFY THAT TO THE BEST OF KNOWLEDGE MY CHILD IS IN GOOD HEALTH AND HE/SHE IS CAPABLE OF
PARTICIPATING IN THIS ACTIVITY. YES OR NO (CIRCLE), IF YOU CIRCLED NO PLEASE EXPLAIN IN THE NEXT
SECTION.

MEDICAL HISTORY

1. _____

3. _____

2. _____

4. _____

AGREEMENT

I AGREE TO HOLD HARMLESS THE CITY OF PAHOKEE PARKS & RECREATION DEPARTMENT OR AGENTS FROM
LIABILITY FROM MY CHILDS PARTICIPATION IN THIS PROGRAM.

(PARENT SIGNATURE)

UNIFORM SIZE: _____ (TOP-Y OR A) _____ (BOTTOM-Y OR A) _____