

HESSTON RECREATION REGISTRATION FORM

Sport/event: _____

Child's name _____ School grade _____ Age: _____

Dad/guardian: _____ Mom/guardian: _____

Phone # 1: _____ Phone # 2: _____

Email: _____ Child is: male _____ female _____

Address (put city if not Hesston): _____

As a parent/guardian of _____ I give permission for him/her to participate in the HRCE program. I realize the nature of sport may provide some opportunity for injury and that HRCE assumes no responsibility for such. I also certify that this child is physically capable of participating. If my child has special needs I will let the HRCE office know before the sport/event begins. Hesston Recreation reserves the right to use photos of HRCE participants for promotional purposes.

Parent/guardian signature _____ Date _____

Shirt size (when applicable): YS____ YM____ YL____ AS____ AM____ AL____ AXL____

I will volunteer to be a (check one): Head coach _____ Name: _____

Assistant coach: _____ Name: _____