Wallace Parks and Recreation Department
PO Box 849 – 513 SE Railroad Street
Wallace, NC 28466

COPY OF BIRTH CERTIFICATE MUST BE ON FILE

Sport: _____ Male: ____ Female: ____

Participant Information: (Please print legibly)

First Name: _____ MI: _____ Last Name: _____
Date of Birth: _____ Age: _____ School: _____
Street Address: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____
Shirt Size:(circle one) YS YM YL YXL AS AM AL AXL AXXL
Pant Size:(circle one) YS YM YL YXL AS AM AL AXL AXXL

Parent/Guardian Information:

□Mother's Name: _____
Work Phone: _____
Cell Phone: _____

□Father's Name: _____
Work Phone: _____
Cell Phone: _____

Volunteer Information:

Would either parent be interested in volunteering or coaching? _____

Medical Information:

Allergies/Conditions: _____
Current Medications: _____

Emergency contact:

Name: _____ Phone: _____ Relationship: _____

WAIVER AND RELEASE OF LIABILITY

I/We the parents/guardians of the above named child, hereby give my approval for his/her participation in all sports. I/We hereby assume all risks and hazards incidental to such participation including transportation to and from activities and I/We hereby waive, release, absolve, identify and agree to hold harmless the Wallace Parks and Recreation Department and/or the Town of Wallace, their agents, supervisors, employees and sponsors against any claim of expense for bodily injury for accidents of occurrence or arising out of the participation of our child in any activities sponsored by the Wallace Parks and Recreation Department. I/We will furnish upon request a certified copy of the birth certificate of my/our child. Furthermore, I agree to return any equipment or property held by me and belonging to the WPRD upon completion of the activity.

****No Refunds****

There will be a $30.00 fee for all returned checks

Parent/Guardian Signature: _____ Date: _____

Amount Due: _____ Amount Paid: _____ Date Paid: _____