

IILLIARD PARKS & RECRESTION Youth Sports Program Registration 44-845-2733 WWW.TOWNOTHILLIRED.COM YOUTH Sports Program Registration



Circle Sport:

Basketball/Cheer S	Soccer Gymnastics,	/Tumbling	Flag Football/Cheer	Swim Team	Volleyball
Child's Name:	DC	OB:/	_/ Age @ 9/1: _	Gender:	Shirt Size:
Child's Name:	DC	OB:/	/ Age @ 9/1: _	Gender:	Shirt Size:
Child's Name:	DC	OB:/	/ Age @ 9/1: _	Gender:	Shirt Size:
Child's Name:	DC	OB:/	_/ Age @ 9/1: _	Gender:	Shirt Size:
Child's Name:	DC	OB:/	_/ Age @ 9/1: _	Gender:	Shirt Size:
DIS	CLAIMER: Refund req	uests will <u>N</u>	<u>OT</u> be accepted once μ	oractices begin!	
Coach/Player/Scheduling F	Request (not guarante	ed):			
Parent/Guardian's Name:					
Address:			City:		Zip:
Home Phone:					
E-mail:					
Volunteers are needed, ple	ease circle each item y	ou're interes	sted in:		
	Assist Coach	Ref	eree Con	cessions	Team Parent
Head Coach	Assist. Coach	IXCI			
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Statement of Liab	ility				
Statement of Liab I, the undersigned, indemnify, save and hold liability or medical expense resulting from an	ility harmless the Town of Hilliard/Town y sickness, accident, or injury of or e	of Hilliard Parks & R experienced by my cl	ecreation Department, Council memb nild* while he/she is participating in an	ers, Directors, employees any activity on or off Town pre	nd agents (the "Releasees") from any mises.
Statement of Liab I, the undersigned, indemnify, save and hold	harmless the Town of Hilliard/Town y sickness, accident, or injury of or e eans, but is not limited to, a child bor warrant that I have permission or auti	of Hilliard Parks & R experienced by my cl rn into my immediate hority to execute this	ecreation Department, Council memb nild* while he/she is participating in an e family, an adopted child, grandchild, waiver and release on behalf of my c	ers, Directors, employees and y activity on or off Town prestepchild, or a child who is	nd agents (the "Releasees") from any mises. my ward and over whom I have legal
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