



# CITY OF KNOXVILLE PARKS AND RECREATION

## YOUTH PLAYER REGISTRATION

Organization: \_\_\_\_\_ Sport: \_\_\_\_\_ Division: \_\_\_\_\_

Player: Male \_\_\_ Female \_\_\_ Email: \_\_\_\_\_

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_, TN Zip Code: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Seasons in this sport: \_\_\_\_\_ Season in other sports \_\_\_\_\_

Do you have medical insurance? Yes \_\_\_ No \_\_\_ Carrier: \_\_\_\_\_ #: \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone: \_\_\_\_\_

Please list any medical condition(s), disabilities, present injuries, heart or respiratory illness or other conditions that may affect this child's ability to play: \_\_\_\_\_

Parent/Guardian  
Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell/  
Work: \_\_\_\_\_

### EMERGENCY AUTHORIZATION & NOTIFICATION:

If there is an emergency during participation in this program and I or another parent or guardian is not present, I authorize treatment and/or care at any hospital and I hereby authorize the volunteers and staff of this program as my agents. If I can't be reached please contact the following person who is hereby authorized on my behalf:

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

### DISCLAIMER, ASSUMPTION OF RISK AND WAIVER:

To accept registration and permit participation in Knoxville City programs by the name participant, I the parent or guardian of said participant, hereby give my consent and agree to release, indemnify, and hold harmless Knoxville City, it's officials, coaches, representatives and volunteers from any claim arising out of injury to the named participant. For myself and on behalf of my heirs, assigns and next of kin, I acknowledge that participation in this program may include travel, participation on adverse field conditions, and risk of physical injury or death. For myself and on behalf of my heirs, assigns and next of kin, I willingly and voluntarily accept and assume all such risks of participation. I hereby release discharge and agree to hold harmless Knoxville City, its employees, volunteers, officials, sponsors and other representatives from any and all claims, demands, costs, expenses and compensation arising out of or in any way related to any injury or other damage that may result to the participant while participating in this Knoxville City sponsored activity.

### INSURANCE ACKNOWLEDGEMENT:

I acknowledge that Knoxville City provides limited, secondary medical insurance to serve as a supplement to my primary medical insurance and will serve as primary coverage only in the event I have no medical insurance (please see Knoxville City for limits of insurance coverage and deductibles).

### CONSENT TO PUBLICATION:

I give permission for the free use of my child's name and picture, or video, in any newspaper article, website, broadcast, release, or other such account of this event.

### CONSENT TO COMMUNICATION:

I understand that by providing mailing address and/or email address I consent to receive communications sent by or on behalf of the City of Knoxville or Youth Sports Commissions.

### INTERESTED IN VOLUNTEERING?

I am interested in volunteering for: Coach/Asst. Coach/Team Parent/ Other: \_\_\_\_\_

The below signed parent or legal guardian has read and understood the above information.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**TO BE COMPLETED BY COACH:** Coaches Name: \_\_\_\_\_ Phone: \_\_\_\_\_