



# SHELBYVILLE SHELBY COUNTY PARKS & RECREATION

## Youth Sports Application

(Please print & fill out completely & legibly)

League: \_\_\_\_\_ Previous Year's Team: \_\_\_\_\_

### PARTICIPANT's INFO:

Participant's Name: \_\_\_\_\_ Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_

*Please select the primary contact for questions, updates & notifications*

**PARENT OR GUARDIAN INFO:** EMAIL \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

**PARENT OR GUARDIAN INFO:** EMAIL \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

**EMERGENCY CONTACT:** Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home#: \_\_\_\_\_ Cell#: \_\_\_\_\_

### **MEDICAL/INSURANCE INFORMATION:**

Insurance Company: \_\_\_\_\_ Hospital Preference: \_\_\_\_\_

Does participant have any allergies?  No  Yes List: \_\_\_\_\_

Is participant on any medications?  No  Yes List: \_\_\_\_\_

Does participant wear contact lenses?  No  Yes

Are there any other medical conditions or special needs instructors/coaches should be aware of?  
\_\_\_\_\_

#### **Please circle the areas in which you would be willing to help!**

##### **BOOK KEEPER/SCORE KEEPER**

(keeps score book or score board - baseball/soccer only)

##### **ASSISTANT COACH**

(assistant to head coach)

##### **COACH**

(head coach of the team)

##### **SPONSOR**

(team naming rights, uniform advertisements & park promotional/social media notoriety - fees vary by sport)

##### **BANNER ADS**

(promote your local business - fee varies)

Please circle an accurate shirt size for participant:

Youth:                      Adult:

XS (4)                      SM

SM (6-8)                      M

M (10-12)                      LG

LG (14-16)                      XL

Soccer ONLY - please circle an accurate shorts size:

Youth:                      Adult:

XS (4)                      SM

SM (6-8)                      M

M (10-12)                      LG

LG (14-16)                      XL

\*Sizing questions? Sizing samples available at main office\*

Signature Required



**WAIVER OF LIABILITY AND TERMS OF PARTICIPATION:**

- I. I understand that baseball, softball, football, basketball, soccer and other sports, camps, fitness and aquatic programs are dangerous and that I or my child could be killed or seriously injured while participating. Injuries that could occur include but are not limited to: paralysis, brain injury and broken bones. I understand that if my child is participating in a youth sports program that he/she will be coached by volunteer coaches who will not be full-time or professionally trained. Recognizing the inherent risks associated with participating in the above noted program and still desiring myself or my child to participate, I hereby agree to indemnify and hold harmless the Shelbyville/Shelby County Parks and Recreation Department, Shelby County Fiscal Court, City of Shelbyville, and the members, employees and all individuals responsible for the conduct of activities involving myself or my child(ren) for claims including, but not limited to claims of personal injury, hospitalization, etc. I also understand that the Parks & Recreation department strongly recommends that each participant have medical approval before participating in any sport, aquatic, or fitness related program, and that I must inform the Department of any medical condition that may require special attention or treatment.
- II. I warrant that my child(ren) or I are privately insured with a medical insurance policy. I understand the Shelbyville/Shelby County Parks and Recreation Department provides minimal insurance coverage, in certain programs only, that provides coverage once my present insurance is expanded. This coverage is on the participant during sport or activity participation only and does not provide coverage during transportation to and from the event.
- III. I understand that registration fees must accompany this application in order for it to be processed. (Please make checks payable to Shelby County Parks.) Any questions concerning fees, please contact the athletic department at 502-633-5059. I understand that the Department will not issue refunds after leagues have been drafted unless there is a medical reason that my child or I cannot participate. I understand that in non-competitive leagues or other programs, refunds must be requested in writing 5 business days prior to the program's start date. In the case of injury or illness where my child or I cannot participate, a doctor's statement must be received within 10 business days of seeking treatment stating why the individual cannot participate.
- IV. I understand and give permission for the Parks and Recreation Department or local media to photograph or record my child or me during participation in Parks and Recreation Department sponsored activities and to utilize them in advertising and/or promotion both in print and on the Department's website and social media.
- V. In the event of an emergency, I give my permission for a representative of the Recreation Department and/or ambulance service to provide treatment as is normal and prudent and to transport my child or myself to the nearest medical facility to render treatment.

*I, the undersigned, understand and agree to the above listed conditions.*

Authorized Adult's Signature \_\_\_\_\_ Date \_\_\_\_\_

**PAYMENT INFORMATION:**

**Include your voluntary donation to the Parks Fund:**      \$3      \$5      \$10      Other \$ \_\_\_\_\_

Amount Paid \_\_\_\_\_ Reference # \_\_\_\_\_ Date \_\_\_\_\_

717 Burks Branch Road  
Shelbyville, KY 40065  
(502) 633-5059  
www.shelbycountyparks.com



**SHELBYVILLE  
SHELBY COUNTY**  
PARKS & RECREATION



# SHELBYVILLE SHELBY COUNTY

PARKS & RECREATION

Please print your credit or debit information below. Your receipt will be attached to your child's sports registration form. If you have any questions, please call 633-5059 X210.

Please circle card type: Visa    Mastercard    American Express    Discover

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_

Email Address: \_\_\_\_\_

(please provide if you wish to have receipt emailed)

**\*This information is destroyed once payment is processed\***