



**ROBESON COUNTY PARKS AND RECREATION DEPARTMENT**

Staff Initials: _____	Office Use Only Registration Fee Paid \$ _____
Insurance: _____	Insurance Fee Paid: \$ _____
Total Paid: \$ _____ Birth Certificate Reviewed Yes ( ) No ( )	

**YOUTH ACTIVITY REGISTRATION FORM**

**No Child May Participate or Register without Proof of Birth Reviewed & Verified**

**NAME OF ACTIVITY REGISTERING FOR : \_\_\_\_\_ ( registration fee \$ 10.00)**

**NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_**

**ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_**

**HOME PHONE# \_\_\_\_\_ IN CASE OF EMERGENCY# \_\_\_\_\_**

**PARENT WORK PHONE# \_\_\_\_\_ PARENT NAME \_\_\_\_\_**

**PROGRAM LOCATION \_\_\_\_\_ SCHOOL ATTENDING \_\_\_\_\_ TEAM \_\_\_\_\_**

**DO YOU HAVE ANY MEDICAL CONDITIONS YES \_\_\_NO\_\_\_ IF YOU CHECK YES EXPLAIN**

**MEDICAL INFORMATION \_\_\_\_\_**

**YOUTH SPORTS PARTICIPANTS ARE REQUIRED TO HAVE ACCIDENT-HOSPITAL INSURANCE. IF YOUR CHILD IS NOT COVERED, CONTACT THE RECREATION DEPARTMENT ABOUT ITS INSURANCE PROGRAM. (INSURANCE \$ 10.00) ARE YOU COVERED BY ACCIDENT/HOSPITAL INSURANCE YES \_\_\_NO\_\_\_**

**INSURANCE COMPANY NAME \_\_\_\_\_**

**I the parents/guardian of the above girl/boy whose name appears on this form are accepted for participation in the above designated activity of the Robeson County Recreation Department. I agree to assume the responsibility for any accident or injury for my child while engaged in a activity participation or necessary transportation incidental to activity participation and do hereby release and absolve Robeson County Recreation Department. It's volunteer or paid supervisor and sponsors from any or all claims for each accident or injury. I the parent (guardian) will accept responsibility for all equipment to be turned in at the completion of the season, or I will pay for all lost items.**

**Parent or Guardian  
Signature \_\_\_\_\_ Date \_\_\_\_\_**

**PARENT CONDUCT CODE**

- I will place the emotional and physical well being of the players ahead of any personal desire to win.
- I as a parent I will have good sportsmanship at all Robeson County youth events.
- .I will insure that I am knowledgeable in the rules of each sport that my child participates in and that I will teach these rules to my child.
- I will remember that I am a youth parent, and that the game is for children and not adults.
- Not approach recreation department staff, game officials or scorekeepers at any time in a threatening manner
- Uphold the authority of officials who are assigned to the games and NOT argue with or berate these game officials
- Understand that if I VIOLATE these or any rule that threatens the health and safety of the participants or spectators I will be asked to leave the facility.

**\*\*\*\*\*If you do not comply with these parent codes, then you and your child will not be able to play or attend any activities sponsored by the Robeson County Recreation Dept.**

Parent or Guardian

Signature\_\_\_\_\_Date\_\_\_\_\_