

**ATHLETIC PARTICIPATION FORM**  
CITY OF WILSON PARKS & RECREATION DEPARTMENT

(Circle One)		
YXS	AS	A2XL
YS	AM	
YM	AL	
YL	AXL	

Division \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name of Participant \_\_\_\_\_

Address of Participant \_\_\_\_\_

\_\_\_\_\_

City State Zip

Email \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Age \_\_\_\_\_ Sex (M) \_\_\_\_\_ (F) \_\_\_\_\_

Mother's Name \_\_\_\_\_ Phone: Home \_\_\_\_\_ (C)/(W) \_\_\_\_\_

Father's Name \_\_\_\_\_ Phone: Home \_\_\_\_\_ (C)/(W) \_\_\_\_\_

Has Individual Participated in Above Sport at the Recreation Department? \_\_\_\_\_ Yes \_\_\_\_\_ No

Years Played \_\_\_\_\_

Do You Live in Wilson City Limits? \_\_\_\_\_ Yes \_\_\_\_\_ No

How Did You Hear About This Program? \_\_\_\_\_

How Would You Evaluate Your Child's Ability in the Above Sport?

(Circle One)      Beginner      Below Average      Average      Above Average      Excellent

Has Your Child or Does Your Child Participate in Any of the Following Advanced Level Soccer Programs?

(Circle All that Apply)      Academy      Challenge      Classic      Other \_\_\_\_\_      Years Involved \_\_\_\_\_

**RELEASE AND CONDUCT STATEMENT**

*I hereby give my child permission to participate in the sport/event listed above. I know that with any sport there is possibility of serious injuries. I, therefore, will assume all responsibilities for any accident or injury that may occur. I understand that any athletic or other type of equipment issued to him/her belongs to the Recreation Department and that he/she is responsible for it. When he/she stops participating in said event, I will see that he/she returns any and all equipment.*

*I also understand fully that the Recreation Department/Wilson City Little League will not tolerate unsportsmanlike behavior of any kind. I agree that any such behavior, such as cursing and/or yelling at officials/coaches, etc., will result in suspension from the Recreation Department/Wilson City Little League activities for me and/or my child.*

*I hereby give permission to the City of Wilson to video/take photos during any athletic games and to use my child's name and video/photo for any City of Wilson/Wilson City Little League publication.*

Signed \_\_\_\_\_

(Signature of Parent of Guardian)

Date \_\_\_\_\_