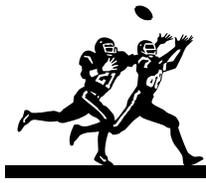
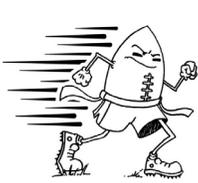


# GARDEN CITY RECREATION DEPARTMENT



**\$25.00 per player/ Nonresidents \$35.00 (Check, Money Order, Credit/Debit)**

**Flag Football**  
Age groups (3-6)coed

**Football**     **Cheerleading**  
Age groups (6-8) (9-10) (11-12)

**Soccer**  
Ages (4 – 5) (6-7) (8-9)(10-11)coed

**Age control date is September 1<sup>st</sup> of the current year**

Participants Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Fathers Name \_\_\_\_\_ Cell Number \_\_\_\_\_ Email \_\_\_\_\_

Mothers Name \_\_\_\_\_ Cell Number \_\_\_\_\_ Email \_\_\_\_\_

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

Health Comments (Allergies, health issues) \_\_\_\_\_

Are you interested in volunteering with Garden City Recreation Dept. Yes \_\_\_\_\_ No \_\_\_\_\_

Coach \_\_\_\_\_ Asst. Coach \_\_\_\_\_ Team Parent \_\_\_\_\_ Concession stand worker \_\_\_\_\_

Would your company be interested in sponsoring a team or putting a sign at the field? Y \_\_\_ N \_\_\_ (\$300)



*Sports participation fee will be \$35 for players living outside of the Garden City City limits. The fee for Garden City residents will remain at \$25 per sport.*

**I agree to abide by the rules and regulations as set forth by the Garden City Rec Department. I understand that the Garden City Recreation Department staff will assign my child to a team. I fully accept the decision of the recreation staff regarding team selections. I will conduct myself with a positive attitude towards Recreation Department Staff, coaches, opposing team, fans and officials during the course of the season. I understand that failure to follow this principle may lead to punishment by the Garden City Recreation Department staff, which may include but not limited to suspension from the Garden City Recreation Department events. I support the Garden City Recreation Department youth sports philosophy, which is based on participation, fun, physical fitness, and health, skill development, teamwork, fair play, family involvement and volunteer leadership.**

I hereby certify that my child is in normal health and capable of safe participation in the youth sports program. I understand that injuries may occur and that Garden City Recreation Department does NOT carry supplement insurance. I also understand that the Garden City Recreation Department may require some or all of the sports equipment assigned to my child to be turned in at the conclusion of the season. Failure to do so will result in a fee being charged to cover the cost of the equipment, all printing, charges, set-up and all shipping incurred by the City of Garden City.

\*\*\* Garden City Recreation Office 160B Priscilla Thomas Way 966-7788 \*\*\*

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_