

Prospect Park Recreation Department – Youth Sports Registration Form

Participant Information

- Full Name: _____
- Date of Birth: ____ / ____ / ____
- Age: _____ Grade (Entering Fall 20____): _____
- School: _____
- Gender: ☐ Male ☐ Female ☐ Other

Parent/Guardian Information

- Name: _____
- Relationship to Child: _____
- Phone Number(s):
 - Cell: _____
 - Alternate/Emergency: _____
- Email Address: _____
- Home Address: _____

Program Information

- Sport/Program Name: _____
- Season/Session (e.g., Summer 2025): _____
- Location: _____
- Dates & Times: _____
- Fee (if applicable): \$ _____

Medical Information

- Allergies or Medical Conditions: _____
- Medications (if any): _____

- Doctor's Name: _____ Phone: _____
- Preferred Hospital: _____

Emergency Contact (other than parent/guardian)

- Name: _____
- Relationship: _____
- Phone: _____

T-Shirt Size (if applicable):

☐ Youth S ☐ Youth M ☐ Youth L ☐ Adult S ☐ Adult M ☐ Adult L

Photo/Media Consent:

☐ I give permission for my child's photo/video to be taken and used for promotional purposes by the Prospect Park Recreation Department.

☐ I do NOT give permission for photo/media use.

Parental Consent, Liability Waiver, and Emergency Authorization

I, the undersigned parent or guardian, hereby give permission for my child to participate in the above-named program(s) offered by the Prospect Park Recreation Department. I acknowledge that participation in recreational activities involves risk, including potential injury. I agree to hold harmless the Borough of Prospect Park, its Recreation Department, employees, and volunteers from any liability, claims, or actions resulting from my child's participation.

In case of an emergency, I authorize the staff to seek appropriate medical treatment for my child.

☐ I agree to the above and confirm all information is accurate.

Parent/Guardian Signature: _____

Date: ____ / ____ / ____

