

2008 Clarksville City Rec Softball/Baseball/T-ball Registration
Please Print Clearly

Child's Name _____

Parent's Name _____

Address _____

Phone # _____ Cell Phone # _____

Age _____ Grade _____

We (I) hereby authorize the staff of the Clarksville City Rec Basketball program to act for us (me) according to their best judgment in any emergency that requires medical attention and we (I) hereby waive and release the staff of the Clarksville City Rec program and the City of Clarksville from any and all liabilities for any injuries incurred while attending this program.

Signed _____ (Parent/Guardian) Date _____