

SPORTS PROGRAM

Please **sport** and **circle** requested **age division**

PLAYER INFORMATION Please print clearly and complete all information

BASEBALL
AGE DIVISIONS
(as of April 30, 2012)

- Co-Ed T-Ball (ages 4-5) Competitive Machine Pitch (ages 6-8)
- Recreational Machine Pitch (ages 6-8) Competitive Senior Midget (ages 9-10)
- Recreational Senior Midget (ages 9-10) Freshmen Division (ages 11-12)
- Sophomore Division (ages 13-14)
- Superheroes (ages 5-20) Fill out additional information sheet

GIRLS SOFTBALL
AGE DIVISIONS
(as of Jan 1, 2012)

- Recreational Machine Pitch Softball (ages 6-8) Competitive Machine Pitch Softball ages (6-8)
- Girls 10U Softball (ages 9-10) Girls 12U Softball (ages 11-12)
- Girls 15U Softball (ages 13-15)

BASKETBALL
AGE DIVISIONS
(as of Dec 1, 2011)

- Little Dribblers (age 5 only) College League (ages 8-10) -PAA for entire league
- HOT SHOTS (ages 6-7) NBA League (ages 11-13)-PAA for entire league
- Superheroes (ages 5-20) Fill out additional information sheet

KICKBALL AGE DIVISION (as of Dec 1, 2011)

Ages 3 - 4 Superheroes (Ages 5-20) Fill out additional information

SOCCER
AGE DIVISIONS (as of Dec 1, 2011)

- U6 (ages 4-5) U8 (ages 6-7) U10 (ages 8-9) U12 (ages 10-11) U15 (ages 12-14)
- Superheroes (ages 5-20) Fill out additional information sheet

VOLLEYBALL
AGE DIVISIONS (as of Sept 1, 2012)

- Beginner 4 on 4 (ages 8-10) Intermediate (ages 11-13)
- Superheroes (ages 5-20) Fill out additional information sheet

PLAYER STATUS

Please type of **player**

NEW PLAYER (Defined as new to the age division) **RETURNING PLAYER** (Defined as returning to same age division)

PLAYER REQUEST

If is made, **fill-in appropriate information**

PLAY WITH SIBLING(S) List Name(s) _____

PLAY UP TO NEXT AGE DIVISION _____
Please write in requested age division

SPECIAL REQUESTS (We will do everything we can to accommodate your request, but cannot guarantee placement)

(Please write in specific request e.g., Coach Smith, play with John Doe)

EMERGENCY CONTACT INFORMATION

MOTHER Interested in coaching? Head Coach Asst. Coach

LAST NAME FIRST NAME WORK PHONE CELL PHONE
() ()

FATHER Interested in coaching? Head Coach Asst. Coach

LAST NAME FIRST NAME WORK PHONE CELL PHONE
() ()

EMAIL: _____

We respect your privacy at HHPRD. On occasion, we send emails updating you about our sports programs and other City sponsored activities. By providing your email address, you agree to receive such emails from Harker Heights Parks and Recreation.

ADDRESS	LAST NAME	CITY	FIRST NAME	STATE	MALE / FEMALE Circle One:	ZIP CODE	DATE OF BIRTH	HOME PHONE ()	CELL PHONE ()
								YS 6/8	
							YM 10/12		
							YL 14/16		
							AS 34/36		
							AM 38/40		
							AL 42/44		
							AXL 46/48		



CITY OF HARKER HEIGHTS LIABILITY WAIVER

I understand that the activities offered by the Harker Heights Parks and Recreation Department may involve strenuous physical activity which can result in property damage, bodily injury or death to myself or my child(ren) or ward(s). I understand and agree that the City of Harker Heights, the Parks and Recreation Department, and their respective agents, employees, officers, directors, and instructors ("the City") are not undertaking responsibility to oversee these activities or to guarantee that such activities are free from risk of injury, loss or damage to either persons or property.

In consideration of the City's furnishing services, equipment and/or facilities, I hereby expressly assume all risk of loss, injury or death for myself and my child(ren) and ward(s) who participates in or attends the Parks and Recreation Department programs. On behalf of myself, my child(ren), my ward(s), our heirs, assigns, and personal representatives, I agree to release, relieve, indemnify, and hold harmless the City against any and all claims, demands, damages, judgments, costs and expenses, including reasonable attorney's fees for the defense of such claims and demands arising as a direct or indirect result of the use of City facilities, or participation in or attendance at Parks and Recreation Department activities, by myself, my child(ren), or my ward(s). In case of any such claim, I agree to defend the action or proceeding by counsel acceptable to the City. I am aware that this is a release of liability which is intended to be legally binding. I have read it, I understand it, and I sign it of my own free will.

REFUND POLICY

Refund of fees in recreation sports shall be made under the following conditions:

1. If the Parks and Recreation Department cancels the league participants shall receive a full refund of fees.
2. Participant's Cancellation - If, prior to the start of the first scheduled game, participants cancel their registration, they will receive a refund of fees, less a \$5.00 service charge.
3. No refunds or credits will be issued once the scheduled games have started.
4. There will be no prorating of fees.

PHOTO POLICY

I understand photos and/or video might occasionally be taken of my child while participating in programs. These photos and videos are for department use only and may be used in future brochures, flyers, presentations, advertisements, or on the City's website.

FAN CODE OF CONDUCT

In the spirit of sportsmanship, fans shall:

Conduct themselves in a manner that represents the City of Harker Heights and the Parks and Recreation Department with honor, dignity, and respect. Demonstrate the qualities of civility and sportsmanship at all times. Not use vulgar, abusive, racist, sexist, demeaning, or intimidating language at any time. Support the player, coaches, and officials in a positive manner. Treat the visiting team, coaches, and fans with courtesy and respect at all times. Not engage in cheers that are vulgar, crass, or demeaning. Refrain from throwing objects for any reason. Not become intoxicated or belligerent. Refrain from entering playing and team areas at any time, including after the game.

BE A POSITIVE ROLE MODEL FOR THOSE AROUND YOU BY TREATING OTHERS WITH COURTESY AND RESPECT!

PARENT NAME: _____
(Please Print)

SIGNATURE: _____ **DATE** _____

*******FOR OFFICE USE ONLY*******

AMT PAID	DATE PAID	CASH	CHECK #	CREDIT # - LAST 4	AGE	INITIALS	PAA GRADE
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Refund Date: _____ Amount: \$ _____ Reason: _____