

**LEXINGTON PARKS & RECREATION DEPARTMENT  
YOUTH REGISTRATION FORM**

**Participant's Name** \_\_\_\_\_ **Male** \_\_\_\_\_ **Female** \_\_\_\_\_  
**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip** \_\_\_\_\_  
**Primary Phone** \_\_\_\_\_ **Grade** \_\_\_\_\_ **Age** \_\_\_\_\_ **Birth date** \_\_\_\_/\_\_\_\_/\_\_\_\_  
**Parent/Guardian Name** \_\_\_\_\_  
**Alternate Contact** \_\_\_\_\_ **Phone** \_\_\_\_\_  
**Allergies** \_\_\_\_\_ **E-mail Address** \_\_\_\_\_

I am interested in volunteering as a: Head Coach \_\_\_\_ Asst. Coach \_\_\_\_ Official \_\_\_\_

**Shirt Size Selection: (Please circle sport: Basketball, Baseball, Softball, Flag Football, Soccer, Volleyball)**

Check one: Y-XS (4-5) \_\_\_\_ Y-S(6-8) \_\_\_\_ Y-M(10-12) \_\_\_\_ Y-L(14-16) \_\_\_\_ Y-XL (18) \_\_\_\_ A-S \_\_\_\_ A-M \_\_\_\_ A-L \_\_\_\_ A-XL \_\_\_\_

I hereby verify that I am the Parent/Guardian of the minor indicated above. I acknowledge that participation in athletic events necessarily involves the risk of physical injury. In consideration for accepting the registration of the above named individual and permitting the voluntary participation of said individual in its programs, I hereby release, discharge, and hold harmless the City of Lexington, Lexington Park Board, the Parks & Recreation Department, its employees, volunteers and other representatives from any claims arising out of relating to any physical injury that may result to said individual while participating in the Lexington Parks & Recreation sponsored activities.

**Office Use Only**

Receipt # _____	Amount Paid \$ _____	Date _____	By _____
Activity _____	Division _____	Other _____	

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

*Please return with payment to Parks & Recreation office. If needed, there is a drop box in the front door of the office.*