CITY OF ADAMSVILLE FALL SPORTS APPLICATION

*All forms must be returned to City Hall by --- AUGUST 21, 2023

*SIGN-UP FEE IS (\$40) FOR: F	OOTBALL	SOCCER CHE	ERLEADING
I AM PAYING BY:	CHECK	CASH	CREDIT/DEBIT CAI	RD
(SPOF	RT WE ARE R	EQUESTING TO P	_AY) CHECK ONE	
JR. PRO FOOTBALL		SOCCER	CHEERLEADING	
		(PARTICIPANT'S I	NFO)	
CHILD'S FIRST NAME		LAST NAME		
NAME THEY GO E	SY		_	
DATE OF BIRTH _		CURRENT	AGE	
SCHOOL THEY AT	TEND			
		(PARENT'S INF	O)	
PARENT/GUARDIA		LAS	NAME	
PHONE# ALTERNATE PHONE#				
ADDRESS - CITY,	STATE, ZIP _			
	(EMERGENCY CON	TACT)	
NAME & PHONE #	#			
participating in spo and indemnify the	orts activities City of Adam ec. Departme	. I/we agree to assu sville, its league, its	possibility of injury while me all risk of injury and h officers, officials, coache es, costs, or expenses du	old harmless s, volunteers,
Parent/Guardian signature			Date	
(COACHING) I am	willing to be	a: HEAD COACH _	ASSIST VOLU	NTEER