

# Indian Hill Recreation Commission Athletic Program

**Player:**

Cheerleading  Fall Soccer  Cross Country

Boy  Girl

**\*\*\*NO FALL SPORT REFUNDS AFTER JULY 15, 2006\*\*\***

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age Now \_\_\_\_

Fee \$ \_\_\_\_\_  
 Cash  Check

Current School \_\_\_\_\_ Grade Now \_\_\_\_

Last name

First name

Address

Zip Code

Telephone

E-mail Address

I am aware that my child may have conflicts with games or practices due to: \_\_\_\_ a) participating in more than one Indian Hill Recreation Commission sport during the same season; \_\_\_\_ b) participation in a non- Indian Hill Recreation Commission sport during the same season; \_\_\_\_ c) participation in another educational, religious, or enrichment program.

**Parent / Guardian:**

Mother/Guardian

Home Telephone

Work Telephone

Father/Guardian

Home Telephone

Work Telephone

In Emergency Notify

Home Telephone

Work Telephone

Doctor in Emergency

Telephone

Release: I understand that IHRC does not provide insurance in the athletic programs. I will be responsible for any expense incurred or injuries received by this player while engaged in this sport. I agree not to hold the coaches, managers, officials, members of the Commission or the village of Indian Hill responsible for any injuries or expenses.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Coach/Volunteer:** I Am Willing To Serve As: \_\_\_\_ Coach \_\_\_\_ Assistant Coach \_\_\_\_ Admin.

**NOTE: All Volunteer Coaches must submit a Background Check form in order to be considered for coaching.**

**Uniforms (circle size):** Pant: Youth S M L Adult S M L XL

Shirt: Youth S M L Adult S M L XL