



Recreation & Rec Plus League
Player Registration Form, PO Box 532472
 Indianapolis, IN 46253 (317)767-0699 ****PLEASE PRINT****

Fee (per child) \$_____
Uniform if needed \$_____
Total Due \$_____

Age of player on August 1st _____
(The August before both fall and spring seasons.)

Last Name: _____ First Name: _____ MI _____

Street Address: _____

City/State/Zip: _____ Home Phone: _____

Please Circle: **BOY GIRL** Date of Birth: ____/____/____ Age: _____

E-MAIL ADDRESS: _____@_____

Uniform Sizes – FOR ALL PLAYERS

Jersey YS YM YL AS AM AL

Shorts YS YM YL AS AM AL

School Attending _____ Grade: _____

Father's Name: _____ Home Phone: _____

Father's Employer: _____ Other Phone: _____

Mother's Name: : _____ Home Phone: _____

Mother's Employer: _____ Other Phone: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

Physician: _____ Phone: _____

Any known health problems, allergies or special needs? Please Circle **YES NO**

If yes, briefly describe: _____

I WOULD LIKE TO VOLUNTEER TO COACH A TEAM. YES NO

If yes, what age group, gender or child: _____

Email if different: _____

The player's parents and/or legal guardian(s) hereby consent and agree PSC, its officers, directors, commissioners, coaches, other volunteers, and Indianapolis Parks and Recreation Department will not be liable for any injury sustained by the player while participating in any club activity and that such entities and persons have no responsibility for lost, stolen or damaged property. I also understand each family is expected to volunteer at last 3 hours each season. Exceptions require a \$25. buy out during Registration. Let's work together for our children.

Signature Date _____

Applications may be mailed to: PSC Registration, PO Box 532472,, Indianapolis, IN 46253. All PSC programs are volunteer supported. Please consider volunteering today.

