City of College Park Recreation Department

P.O. Box 87137 • College Park, Georgia 30337
Brady Center (404) 669-3776
Conley Center (404) 669-3773
Wyatt Complex (404) 669-9206

REGISTRATION FORM (CASH ONLY! CASH ONLY!) – BIRTH CERTFICATE REQUIRED FOR REGISTRATION

PLEASE PRINT LEGIBLY. REFUNDS ARE REDUCED BY 25% BEFORE OPENING DAY & 50% AFTER OPENING DAY.

Girls' Basketball □
Boys' Basketball □
Basketball Cheerleading □
Baseball □
Track □
Volleyball □

Participant's Name: _____

Street Address: _____ Apt #: _____

City: _____ State: _____ Zip Code: _____

Birth Date: _____ Age: _____ Height: _____ Sex: M □ F □

Weight: _____ Grade: _____ School: _____

6 & Under □ 8 & Under □ 10 & Under □ 12 & Under □ 14 & Under □

Have You Ever Participated In a College Park Youth Sports Program? Yes □ No □

If Yes, Name of Team And Year: _____

Parent/Legal Guardian's Name: _____

Parent/Legal Guardian's Phone: (H) _____ (W) _____ (C) _____

E-mail Address: _____

Emergency Contact Person's Name: _____

Emergency Contact's Phone: (H) _____ (W) _____ (C) _____

Please List Participant's Allergies (If Any): _____

List Any Physical Handicap or Disability: _____

Parent/Legal Guardian Must Sign Below, And By Signing Below, Agrees That Such Person Is The Legal Guardian of Participant And Agrees To The Terms Contained Herein On Behalf Of Participant:

Parent/Legal Guardian's Printed Name: _____

Parent/Legal Guardian's Signature: _____

Today's Date: _____

For Office Use Only – Do Not Write Below

Resident: Yes □ No □ Date Paid: _____
Cash Amount: _____ Receipt Number: _____