

Nashville Parks & Recreation Department

Athletic Participation Form

Fall Baseball

____ 7-8

____ 9-10

____ 10-11-12

Name of Participant _____ Date of Birth _____

Mailing Address _____ Age _____

City/Town _____ NC Zip _____

Home Phone # _____ Cell # _____

School Attending _____ School Grade _____

E-Mail Address _____

Shirt Size YS YM YL AS AM AL AXL

Release & Conduct Statement

I hereby give my child permission to participate in the sport/event listed above. I know that with any sport there is a possibility of serious injury. I will assume all responsibilities for any accident or injury. I understand that any athletic or other type of equipment issued to him/her belongs to the Recreation Department and that he/she is responsible for it. When he/she stops participating in said event, I will see that he/she returns all issued equipment. I also understand fully that the Recreation Department will not tolerate unsportsmanlike behavior of any kind. I agree that any such behavior, such as cursing /or yelling at officials / coaches, staff ect, Will result in suspension from the Department's activities for me and /or my child.

Signature or Parent or Guardian _____ Date _____

Nashville Parks & Recreation Office: 252-459-9796

Residents FREE Non - Residents \$10.00

***** NO REFUNDS *****

CALL NASHVILLE PARKS AND RECREATION DEPARTMENT FOR INFORTMAION
ABOUT PARCTICE DAYS & TIMES AND GAME INFORMATION 252-459-9796