



Youth Sports Registration Form



*****Registrations will only be accepted during the following periods*****

| | | | |
|-------------------------|-----------|-----------------------|------|
| Spring Youth Soccer | AGES 5-12 | February 8 - 26, 2010 | \$50 |
| Summer Youth Basketball | AGES 5-9 | May 1 - 26, 2010 | \$50 |
| Fall Youth Soccer | AGES 5-12 | August 2 -20, 2010 | \$50 |
| Winter Youth Basketball | AGES 7-12 | November 1 - 24, 2010 | \$50 |

| | | | | |
|--|---------------|----------------|---|-----------|
| Child's Name: | | | | |
| Address: | | City: | State: | Zip Code: |
| Gender: M F | Email Address | | Phone Number(s) | |
| Shirts Size: Youth Soccer YS YL AM AXL Youth Basketball YM AS AL | | Date of Birth: | Age cut off dates: Spring soccer May 1 Summer basketball July 1 Fall soccer October 1 Winter basketball January 1 | |
| NAME OF SIBLING IN SAME AGE GROUP | | | | |

The City of North Las Vegas, Parks and Recreation Department staff reserves the right to photograph facilities, activities, and program participants for potential future purpose. All photos remain the property of the City of North Las Vegas. Permission to participate in the sport named above, sponsored by the City of North Las Vegas Recreation Division is given for my minor child. In consideration of participation of this sport, I hereby indemnify and hold harmless and release the City of North Las Vegas, its agents and employees, from any and all liability for any injury suffered by myself or my child arising from or connected with this program and I assume all risk for any injury assumed. I also authorize adult agents and employees of the City of North Las Vegas in charge of this program to consent to any XRAY, EXAMINATION, ANAESTHETIC, MEDICAL DIAGNOSIS, or TREATMENT AND HOSPITAL CARE to be rendered to myself or my child under general or special supervision and upon advice of a physician and/or surgeon licensed in the State of Nevada, and agree to be responsible for all costs incurred. By signing this agreement, I am agreeing to release photo rights and I agree to relieve the City of North Las Vegas of liability for personal injury, wrongful death or property damage except as may be caused by active negligence of the City of North Las Vegas.

Parent Signature: _____ Date: _____

Parent Name (please print): _____

For additional information, please call 633-2558
Sports Office
2240 Civic Center Drive
North Las Vegas, NV 89030