

Medical Information:

- I grant permission to the Coach of the team to obtain medical care from any licensed medical care facility or physician for the participant named above if the parent/guardian above cannot be contacted. This authorization shall include all league activities and I do hereby waive, release, absolve, indemnify and agree to hold harmless Archdale Parks and Recreation, Inc., the organizers, supervisors, participants and persons transporting the participants to and from those activities for any claim arising out of an injury to a participant.

Please list any medical conditions that your child’s Coach should be aware of: _____

Please list all current medications: _____

Coaching Information

- I would be interested in coaching or assist coaching a squad**

Please contact me _____ at: _____
(Name) (Phone or Email)

**Requires a Volunteer application required by the city – please ask for one!

Important Information

I agree to the following: (Please check appropriate box (s) & Sign at Bottom)

- I give permission to the league/squad photographer to take photographs that may be displayed on posters, flyers, website, etc.

Parents Pledge:

I hereby pledge to provide positive support and encouragement for all of the participants in Archdale Parks and Recreation Department’s athletics by following this Parents Pledge.

- I will encourage good sportsmanship by demonstrating positive support for all participants, players, parents, coaches, spectators, and officials at every game and practice.
- I will place the physical, mental and emotional well being of each child ahead of any personal motivation.
- I will remember that the game is for the children, not the adults.
- I will require my child to treat other participants, players, coaches, fans, and umpires with respect, regardless of any other factors.
- I will do my best to have my child available at the times designated by APRD and the coaches.
- I will not let my child neglect school studies to participate in APRD activities.

Parent/Guardian Signature: _____

Date: _____