

Office Use Only

Date \_\_\_\_\_  
Receipt # \_\_\_\_\_  
Birthdate Verified Y N  
Scholarship Y N  
Initials \_\_\_\_\_

**Registration  
Deadline**

Friday, May 4<sup>th</sup>  
5:00 pm

**2018 Whitesboro P.A.R.D. Summer Track**

[www.whitesborotexas.com/pard](http://www.whitesborotexas.com/pard)

Registration Fees	
Summer Track	\$25
Late Registration Fee	\$10
<b>NO REFUNDS!!!!</b>	
<b>Will take first 100 forms turned in!</b>	
Summer Track Ages (for students going into): 1 <sup>st</sup> Grade – 12 <sup>th</sup> Grade	



Please bring the following to PARD located at 400 Wilson Street, Whitesboro, TX 76273 or mail to PARD at PO Box 340, Whitesboro, TX 76273 (Do not send forms to school!):

- Completed Registration Form
- Fee (Cash or Checks Only – make checks payable to PARD)
- Copy of Birth Certificate (First time PARD participants.)

**PLAYER INFORMATION**

Player's Full Legal Name (Must match Birth Certificate) \_\_\_\_\_

Date of Birth \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Mailing Address \_\_\_\_\_ Male/Female \_\_\_\_\_

Mother/Guardian Name \_\_\_\_\_ Mother/Guardian Phone \_\_\_\_\_

Father/Guardian Name \_\_\_\_\_ Father/Guardian Phone \_\_\_\_\_

Mother's Occupation \_\_\_\_\_ Father's Occupation \_\_\_\_\_

Medical Problems of Player \_\_\_\_\_

Doctor to Notify in Emergency \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact (Not Parents) \_\_\_\_\_ Phone \_\_\_\_\_

T-Shirt Size (Circle One): YS 6-8 / YM 10-12 / YL 14-16 / AS / AM / AL / AXL / AXXL

Tank Top Size (Circle One): YS 6-8 / YM 10-12 / YL 14-16 / AS / AM / AL / AXL / AXXL

Short Size (Circle One): YS / YM / YL / AS / AM / AL / AXL

**Liability Waiver and Consent for Medical Treatment**

I, hereby give my approval for the above-named to participate in the PARD Youth Sports Program. I assume all risk and do hereby waive, release and agree not to hold the City of Whitesboro, the PARD, the organizers, sponsors, supervisors, participants, and persons transporting my child responsible for any injury that may be incurred while participating in the program. As the parent or legal guardian of the above-named player, I hereby give consent for emergency medical care prescribed by a duly licensed doctor of medicine or dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my dependent. I do hereby fully and freely consent to the use of the participant's photo for promotional purposes on both printed materials and websites. I do hereby release and hold harmless the City of Whitesboro from a liability arising out of said participant's photo in a publication, advertisement, and/or promotion.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**Interested in being an Assistant Track Coach?**

**YES**

**NO**

Name \_\_\_\_\_

Phone \_\_\_\_\_