

Office Use Only

Date _____
Receipt # _____
Birthdate Verified Y N
Scholarship Y N
Initials _____

**Registration
Deadline**

Friday, May 3rd
5:00 pm

2019 Whitesboro P.A.R.D. Summer Track

www.whitesborotexas.com/pard

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