



MIKE COOPER
Mayor

CITY OF COVINGTON

RECREATION DEPARTMENT

317 North Jefferson Avenue

Post Office Box 778

Covington, Louisiana 70434

phone 985.893.4044

fax 985.635.0076

website www.covla.com

RECREATION REGISTRATION APPLICATION

Check the activity of your choice

Year _____

- BASEBALL** Boys 7-15 yrs. old
 SOFTBALL Girls 7-15 yrs. old
 TEE-BALL Girls & Boys 5-6 yrs. old
 FOOTBALL Boys 7-12 yrs. old
 CHEER Girls 5-15 yrs. old
 BASKETBALL Girls & Boys 5-15 yrs. old

Only registered players will be evaluated.

Girl Boy

Played with CRD in past? Yes No

PLAYER'S INFORMATION

Uniform Size, circle one - Youth S M L Adult S M L XL

CHILD'S LAST NAME _____ FIRST NAME _____

DATE OF BIRTH ____ / ____ / ____ AGE _____ SCHOOL _____

PHYSICAL ADDRESS _____ ZIP _____

MAILING ADDRESS (IF DIFFERENT) _____ ZIP _____

EMAIL ADDRESS _____

MOTHER'S NAME _____

FATHER'S NAME _____

HOME /WORK PHONE _____

HOME /WORK PHONE _____

MOTHER'S CELL PHONE _____

FATHER'S CELL PHONE _____

PHYSICIAN'S NAME _____

PHYSICIAN'S PHONE _____

EMERGENCY CONTACT NAME _____

EMERGENCY CONTACT PHONE _____

I would like to volunteer for **Head Coach** **Assistant Coach** **Team Scorekeeper**

REGISTRATION FEE Inside City Limits - \$55 • Outside City Limits - \$100 • Financial assistance available, must qualify.

MAKE CHECK PAYABLE TO City of Covington, P.O. Box 778, Covington, LA 70434

WAIVER OF LIABILITY The undersigned parent/guardian(s), both individually, and on behalf of the minor named above, do hereby release and waive any rights and causes of action, for damages, of any nature, whatsoever, that may have, or may arise against Covington Recreation Department sports administrator, directors, agents, coaches, and employees, as a result of any accidents or injury involving their minor child, while participating in activities sponsored by Covington Recreation Department.

Further, the undersigned parent/guardian(s), both individual, and as the parent/guardian(s) of the minor child above, do hereby authorize the Covington Recreation Department and its representatives, to seek and authorize medical care for their minor child.

PARENT'S SIGNATURE _____ **DATE** ____ / ____ / ____

A physical exam and a completed form are necessary to complete registration for FOOTBALL only.

OFFICE USE ONLY

Fee Paid Yes No Amount _____ Check No. _____ Paid ____ / ____ / ____

Assistance Approved Yes No Approved By _____