Star Parks and Recreation League

Team Registration Form Fall 2011

Coaches Name:	**Coaches Email:** (please print neatly)	
Assistant Coaches Name:	**Assistant Coaches Email:** (please print neatly)	

Medical Release

I, the undersigned, hereby authorize directors, coaches, and referees of the Star Parks and Rec to act for me according to their best judgement in any emergency requiring medical attention. I hereby waive and release the Star Parks and Rec, its officers, coaches, referees, and the City of Star from any claims, medical or otherwise, on behalf of the registrants as a result of the registrants participation in the program. I know of no physical or mental problems which might affect any of my children's ability to safely participate. I will be responsible for any medical charges in connection with their participation in the Star Parks and Recreation. By my signature below, I also agree to adhere to the Star Parks and Rec Code of Conduct.
There will be a $5.00 processing fee when a reimbursement/refund is issued. Please initial_____

Requirements to be a Returning Team

In order to be a returning team the following requirements must be met:

- All players must have been on the roster the previous season
- At least half (50%) of the players on the team from the previous season must return
- All returning players must fall into the age division or play up in an older division
- All fees must be paid together at time of registration

Fees due

Fall 2011 ($20/person): _____
Fall 2011/Spring 2012 ($35/person): _____
Non-resident fee ($5/person): _____
Late fee ($10/person): _____

Total: _____

Office use only: Date received: _____
Amt Pd: _____
Check#: _____

Player's Name:	T-shirt size:	Allergies/Medical conditions:	Parent Signature for Medical release