OFFICE USE ONLY:

Parent Initial: _____



PLAYER FORM

Please fill out one form per child and PLEASE PRINT CLEARLY.

Before I begin filling out this form, I understand that I can request one coach and/or one player, however, do understand that requests are not guaranteed. I understand once teams are set by MPR staff, they are final.

Player's Name:				DOB:		_ Age:	
Address:					City:		
Email Address:					Child's Gender: M / F		
Primary Contact Name:					Cell: ()		
Secondary Contact Name:				Cell: ()			
Please circle the correct options for this player:							
Age Division:	4-5	6-7	Shirt Size:	YS (6-8)	YM (10-12)	YL (14-16)	
	8-9	10-13		AS	AM	AL	
together. If siblings	s have a d	lifferent last r	name, please no	te it below. <u>I ւ</u>	and siblings will alwaunderstand that requests are accepted for 10	<u>iests submitted</u>	
Player Request:		Coach Request:					
Are you willing to volunteer coach? Yes (Head Asst) No If you are interested to coach – please be sure to fill out the COACH FORM. Coach Shirt Size: Coach Phone: I'd like to coach with:							
Coach Email:							
The undersigne AGREES TO RELEA and Board, its co	1UNSTE ed participa SE AND IN buncil, boal ustained b	ER PARKS ant, on behalf DEMNIFY the rd members, e by the undersig	AND RECREATE of himself/herself Town of Munster, employees, agents gned participant, h	f, a spouse, or as , Indiana, the M s and independe his/her spouse a	IVER OF RELEAS s a parent for any mino unster Parks and Recre ent contractors from an and/or minor child in co o or from said activity.	or child, HEREBY eation Department ny and all injuries	

Signature:

Date: /