

# Jacksonville Parks and Recreation Department

## REGISTRATION FORM

Type Sport:

### PLAYER INFORMATION

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First:

Middle:

Last:

Street:

City:

Zip:

Phone #:

Gender:

Date of Birth:

School:

Grade:

With whom does the child live?

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*Please check the appropriate box:*

Shirt:     YS     YM     YL     YXL     AS     AM     AL     AXL     AXXL

Pants (Baseball):     YS     YM     YL     YXL     AS     AM     AL     AXL     AXXL

Shorts (Basketball/Soccer/Softball):     YS     YM     YL     YXL     AS     AM     AL     AXL     AXXL

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*Parent/Guardian Information:*

Mother/Guardian Name:

E-mail:

Home Phone:

Work Phone:

Cell Phone:

Father/Guardian Name:

E-mail:

Home Phone:

Work Phone:

Cell Phone:

Check if either Parent/Guardian is interested in:     Coaching    or     Assistant Coaching

Please initial here if your child has played a sport with us before and you have received a copy of the Athletic Policy Manual: \_\_\_\_\_