

Canton

Parks and Recreation
Rich History, Bright Future



501 Soldiers Colony Road
Canton, Mississippi 39046
(601) 859-4358 • Fax: (601)859-0349

*Serving boys & girls
*Positive Coaching
*Qualified referees

*Games played indoors/outdoors
*Guaranteed playing team

Registration Fee: \$40 per child

Mail-in-Registration

Mail form below to
Canton Parks and Recreation
501 Soldiers Colony Road
Canton, MS 39046

Check which sport for participation:

- Baseball (7-18)
 T-Ball (4-6)
 Basketball (6-15)
 Flag Football (K-9th)
 Soccer (6-15)
 Golf (5-15)
 Girls Softball (9-15)
 Tennis (5-15)

Registration Form

Child's Name _____ DOB _____ School _____ Age _____

Street Address _____, MS Zip _____

Home Phone _____ Mobile Phone _____ Male Female

Mother's Name _____ Wk # _____ Father's Name _____ Wk # _____

Email Address: _____

Emergency Contact _____ Wk # _____ Home # _____ Mobile # _____

Uniform Size (circle one): Youth Jersey: YS YM YL YX Youth Short: YS YM YL YXL
Adult Jersey: S M LG XL XXL Adult Short: S M LG XL XXL

Check if you can volunteer as a: **Coach** _____ **Asst. Coach** _____ **Team Parent** _____

Name of Volunteer: _____ Home # _____ Mobile # _____

I recognize many risks are associated with strenuous physical exertion in a Youth League which may result in serious injury or death. I certify to the best of my knowledge, my child's physical condition is satisfactory to participate in physically demanding activities. I hereby release, discharge and/or otherwise indemnify Canton Youth League affiliated organizations, sponsors, their employees and owners of facilities used for the program, against any claim by or on behalf of the registrant as a result of the registrant's participation in the program. As the parent or legal guardian of the above named player, I hereby consent for emergency medical care prescribed by a duly licensed Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

List any medical conditions/concerns player has _____

Parent/Guardian Signature _____ Date _____

For office Use only:	Paid by Check # _____	Paid by Cash _____	Date _____
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