

MASON CITY RECREATION DEPARTMENT MAIL/FAX REGISTRATION FORM

Parent/Guardian _____ E-mail address: _____

Address _____ City/Zip _____ Work# _____ Cell# & Provider for text _____

I, understand by participating in sports/activities sponsored by the Mason City Parks & Recreation Department that such activity has a certain inherent risks that can and do result in injury, that can be serious, life limiting and life threatening. I understand and agree to release the Parks & Recreation Dept. and the City of Mason City, its' elected officials, employees or volunteers from all claims resulting from any and all injuries sustained while participating in sports/activities, except that arising out of the sole negligence of the Mason City Parks & Recreation Dept., its' elected officials, employees or volunteers.

Programs needing Shirt Sizes: Soccer, T-Ball, Yth SB, Flag FB, Volleyball, Basketball, Cheerleading, Fun N Sun

Youth: XS(2-4) - Small(6-8) - Med(10-12) - Lg(14-16) **Adult:** AS, AM, AL, AXL, AXXL

Name _____	Name _____	Name _____
Activity _____	Activity _____	Activity _____
Age _____	Age _____	Age _____
Grade _____	Grade _____	Grade _____
School _____	School _____	School _____
Height _____	Height _____	Height _____
Shirt size _____	Shirt size _____	Shirt size _____
*Non Resident Fee _____	*Non Resident Fee _____	*Non Resident Fee _____
Activity Fee _____	Activity Fee _____	Activity Fee _____

***Non-resident Fee:** Anyone living outside the 50401 zip code will be charged a non resident fee of **\$2.00** per activity.

TOTAL \$ _____

Please circle preferred positions for 3rd - 12th grade activities.

Basketball: forward center
point guard off guard no preference
Playing on travel team? Y N

Soccer: offense defense goalie no preference
Playing on travel team? Y N

Softball: pitcher catcher infield
outfield shortstop no preference
Playing on travel team? Y N

Football: Defense: line backfield
Offense: line receiver QB RB
Playing tackle? Y N

Basketball: forward center
point guard off guard no preference
Playing on travel team? Y N

Soccer: offense defense goalie no preference
Playing on travel team? Y N

Softball: pitcher catcher infield
outfield shortstop no preference
Playing on travel team? Y N

Football: Defense: line backfield
Offense: line receiver QB RB
Playing tackle? Y N

Basketball: forward center
point guard off guard no preference
Playing on travel team? Y N

Soccer: offense defense goalie no preference
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Softball: pitcher catcher infield
outfield shortstop no preference
Playing on travel team? Y N

Football: Defense: line backfield
Offense: line receiver QB RB
Playing tackle? Y N

MAKE CHECKS PAYABLE TO: Mason City Recreation Department

MAIL TO: Mason City Recreation Department - **326 4th St NE, Suite #1** Mason City, IA 50401

FAX TO: 641-421-3635

Credit Card Information: Master Card, Visa, American Express

Name of Holder: _____

Card #: _____ Exp. Date: _____ CVC/CVV _____

Signature _____

Coaching Waiver: By sending in the mail in/fax form you agree to the waiver: I agree that if a volunteer coach does not step forward to coach my child's team that I will help coach at the games of my choosing or those assigned by the Program Supervisor.