

Alexander County Parks & Recreation
- OFFICIAL REGISTRATION -

SPORT _____

PARTICIPANT NAME _____ Boy Girl

Mailing Address _____

City _____ Zip _____

Birth Date _____ Present Age _____ Telephone _____

School _____ Grade _____

Team Last Year _____

Coach Last Year _____

Insurance Enrollment: I do do not want supplemental insurance for this participant.

Parent/Guardian Signature _____ Date _____

By signing this form, you are giving permission for the above named minor to participate
In the sport shown on this registration card. You are also verifying that he/she has no
health issues that would put the him/her at risk by participating in this sport.

Mail form and check for registration fee (\$40 per child) to:

ACPRD
621 Liledoun Rd Box 4
Taylorsville, NC 28681

OR fax form to 828-632-1154 and mail check to address above

Call 828-632-1104 for assistance