

ONLY USE THIS FORM IF YOU CANNOT REGISTER ONLINE AT HRCE.ORG. See registration information on page 3. See registration guidelines on page 3.

HESSTON RECREATION REGISTRATION FORM

Sport/events: _____
Child's name _____ School grade just completed _____ Age: _____
Dad/guardian: _____ Mom/guardian: _____
Dad cell: _____ Mom cell: _____
Email: _____ Child is: male _____ female _____
Address _____ city: _____

As a parent/guardian of _____ I give permission for him/her to participate in the HRCE program. I realize the nature of sport may provide some opportunity for injury and that HRCE assumes no responsibility for such. I also certify that this child is physically capable of participating. If my child has special needs I will let the HRCE office know before the sport/event begins. Hesston Recreation reserves the right to use photos of HRCE participants for promotional purposes.

Parent/guardian signature _____ Date _____

Shirt size (when applicable): YS _____ YM _____ YL _____ AS _____ AM _____ AL _____ AXL _____

For baseball/softball (optional): (check one):

Head coach _____ Name: _____ OR Assistant coach: _____ Name: _____

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