

**Wright City Parks Department
Player Information Sheet**

PLEASE PRINT

Player Name: _____

UNIFORM SIZE

Please ensure that you select the correct shirt size. If the size that you order is the wrong size and you need to re-order a shirt **YOU WILL BE CHARGED** for the replacement shirt.

Please Circle the Correct Size

SHIRTS -	YOUTH:	ADULT:	/	SOCKS
	6-8	Small	X-Large	Small
	10-12	Medium	XX-Large	Medium
	14-16	Large		Large
PANTS -	YOUTH:	ADULT:	/	
	Small	Small	X-Large	
	Medium	Medium	XX-Large	
	Large	Large		



EMERGENCY MEDICAL TREATMENT RELEASE

TO WHOM IT MAY CONCERN: In the event that the above named child is taken to the emergency room or medical care facility in my absence from attendance of the Youth Sports Program at any time during the entire season (including tournaments), my child's team coaches, or any member of the Wright City Parks Department, has my consent to authorize treatment for the child by a doctor(s) and / o medical personnel which may be deemed necessary.

I, (the undersigned), do hereby acknowledge that I have given my child permission to participate in the Youth Sports Program with full knowledge of the risks involved and I hereby agree to assume those risks and to hold the Wright City Parks Department, City of Wright City, all of their officers, employees, coaches, officials, volunteers and team sponsors free from liability for any injury, harm or complication of any kind.

Furthermore, I do understand that accident insurance is NOT provided by the Wright City Parks Department, or the City of Wright City, and I hereby agree to assume full responsibility for any and all expenses resulting from any accidents or injuries suffered by the above named child while participating in the Youth Sports Program.

I understand that a photocopy of this document shall have the same force and effect as the original.

Print Parent/Guardian Name:

Parent/Guardian Signature: **Date:** _____