

**City of Huntsville Parks and Recreation-Dr. Richard Showers, Sr. Recreation Center  
Futsal Camp Registration Form**

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ SEX: M\_\_\_ F\_\_\_  
ADDRESS: \_\_\_\_\_ ZIP: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
E-MAIL ADDRESS: \_\_\_\_\_  
SCHOOL: \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
CONTACT PERSON (IN CASE OF EMERGENCY): \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
ARE YOU UNDER A DOCTOR'S CARE OR TAKING MEDICATION? \_\_\_ Y\_\_\_N IF YES, PLEASE EXPLAIN  
\_\_\_\_\_  
\_\_\_\_\_

In consideration of you accepting my child's entry, I hereby, for myself, my child, my heirs, executors and administrators, waiver and release any and all rights and claims for damages I or my child may have against the City of Huntsville and its representatives, successors and assigns for any and all injuries suffered by myself or my child at any activity sponsored by the City of Huntsville Parks and Recreation Department.

By signing and dating below I am agreeing to the City of Huntsville's Photo Release Waiver. A copy of the waiver can be obtained at the recreation center's front desk.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

RETURN THIS TO: Dr. Richard Showers, Sr. Recreation Center  
4600 Blue Spring Road  
Huntsville, Alabama 35810  
(256) 851-4003

(For office use) Received by: \_\_\_\_\_ Money received for program? \_\_\_Y\_\_\_N

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