

Have you ever played for BPAR? YES \_\_\_\_\_ NO \_\_\_\_\_

COACH REQUEST: \_\_\_\_\_

**YOUTH FOOTBALL**

Bossier Parks & Recreation

P.O. Box 5337, Bossier City, LA. 71171

(318) 741-8450

Registration Fee \$45.00: Registration Ends Wednesday, July 13, 2016

**BPAR MUST HAVE A COPY OF CHILD'S BIRTH CERTIFICATE ON FILE**

Player's Legal Name \_\_\_\_\_ Nickname: \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Player's Birth date \_\_\_\_\_ ( ) Boy ( ) Girl

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Parent/Guardian**

E-mail Address: \_\_\_\_\_

Name: \_\_\_\_\_ Contact Numbers: \_\_\_\_\_

Name: \_\_\_\_\_ Contact Numbers: \_\_\_\_\_

Child resides with: Mother: \_\_\_\_ Father: \_\_\_\_ Both: \_\_\_\_ Other: \_\_\_\_\_

**Tackle**

( ) 5 & 6 year olds ( ) 7 year olds ( ) 8 year olds ( ) 9 year olds

( ) 10 year olds ( ) 11 & 12 year olds

**JERSEY YOUTH SIZE** ( ) S/M ( ) L/XL

**JERSEY ADULT SIZES** ( ) S/M ( ) L/XL ( ) 2XXL ( ) 3XXXL

I do hereby certify that all information on this form is correct and that Bossier City Parks and Recreation (BPAR) and its paid and volunteer workers will not be held responsible for any injury to the registered player while participating in the recreation program at any facilities scheduled for use by BPAR or during transportation to and from said facilities. Registrants are responsible for arranging their own transportation to all activities and assume all liabilities related to said transportation. I further understand that BPAR does not provide health insurance coverage for accidents or injuries that occur as a result of participation in BPAR activities. All persons participating in BPAR sponsored activities agree to conduct themselves according to BPAR standards of behavior and to abide by disciplinary actions imposed by BPAR. This release is valid for all programs until revoked in writing.

**Parent/Guardian is responsible for transportation to and from practices and games.**

\_\_\_\_\_  
Parent or Guardian's Signature

\_\_\_\_\_  
Date

**OFFICE USE ONLY**

Amount Paid \$ \_\_\_\_\_ Cash \$ \_\_\_\_\_ Check # \_\_\_\_\_ Money Order # \_\_\_\_\_ Credit Card \_\_\_\_\_ ID: \_\_\_\_\_

Receipt # \_\_\_\_\_ Grant \_\_\_\_\_ Received By: \_\_\_\_\_ Date: \_\_\_\_\_ BC \_\_\_\_\_

Age as of April 30, 2016 \_\_\_\_\_