



**PARKS & RECREATION DEPARTMENT REGISTRATION FORM**

315 E. Palm Dr. Edinburg, TX 78539 Phone (956) 381-5631

\*\* <https://edinburg.recdesk.com> \*\*

<b>FOR OFFICE USE ONLY</b>
Date: _____
Amount: _____
Cash/Check: _____
Receipt #: _____
Staff: _____

\_\_\_\_\_  
 First Name                      M.I.                      Last Name                      D.O.B.                      Age (as of 9/1/18)                      Male/Female

\_\_\_\_\_  
 Address                      City                      State                      Zip                      email address

\_\_\_\_\_  
 Home/Cell Phone #                      Other Phone #                      Grade                      2019/20 School Attending

**NO REFUNDS will be given after the first day of GAMES.**  
**Any request for refund is subject to review and final approval by the Supervisor.**  
**All Approved request will incur a mandatory \$3 Administrative Fee.**

<b>YS YM YL AS AM AL AXL 2XL</b>
<b>T-SHIRT SIZE – CIRCLE ONE</b>

Check Box	SPORT PROGRAM	Age/Division (Circle One)	Registration	FEES	League Starts	LOCATIONS
	Track & Field	Ages 5 – 18	April 22 – June 21	\$50	Summer	ECISD Stadium
	Tennis	Ages 5 – 18	April 22 – June 21	\$50	Summer	ECISD SMS
	Middle School Volleyball	Incoming 6 <sup>th</sup> – 8 <sup>th</sup> Grade	April 1 – June 7	\$45	Summer	S&WC & ECISD
	Middle School Girls Basketball	Incoming 6 <sup>th</sup> – 8 <sup>th</sup> Grade	April 1 – May 3	\$45	Summer	S&WC & ECISD
	Middle School 7 on 7 Football	Incoming 6 <sup>th</sup> – 8 <sup>th</sup> Grade	April 1 – May 3	\$45	Summer	S&WC & ECISD
	Middle School Boys Basketball	Incoming 6 <sup>th</sup> – 8 <sup>th</sup> Grade	April 1 – May 3	\$45	Summer	S&WC & ECISD
	High School Volleyball	Incoming 9 <sup>th</sup> – 12 <sup>th</sup> JV/V	April 1 – June 7	\$45	Summer	S&WC & ECISD
	High School Girls Basketball	Incoming 9 <sup>th</sup> – 12 <sup>th</sup> JV/V	April 1 – May 3	\$45	Summer	S&WC & ECISD
	High School Boys Basketball	Incoming 9 <sup>th</sup> – 12 <sup>th</sup> JV/V	April 1 – May 3	\$45	Summer	S&WC & ECISD

*\*SUMMER LEAGUE TEAMS ARE NOT REQUIRED TO HAVE COACHES TO PARTICIPATE / TEAMS MAY BE SELF-COACHED\**

Should you have additional questions, please feel free to contact the City of Edinburg Parks and Recreation Department at (956) 381-5631. I, parent, adult participant, or guardian of the above name fully understand that participation in the City of Edinburg Parks & Recreation Dept. Sports Programs may result in a serious injury or illness. Some types of risks involved include: twisting an ankle, muscle strains, being hit by a ball, jammed fingers and more serious injuries may result from participating in the above-mentioned sport programs. Although I fully understand those risks, I desire to participate without regard to the consequences. I assume all risks and hazards incidental to such participation and do hereby waive, release, absolve, indemnify, and agree to hold harmless the City of Edinburg, any and all sponsors or any other individuals, firm, or organization resulting in whole, or part, from participation in the City of Edinburg Parks and Recreation Dept. Sport Programs, or the acts or omissions by any organization, firm, or individuals, that take place in connection with the City of Edinburg Parks and Recreation Dept. Sport Program. This Waiver shall be binding on my heirs, legatees, administrators, and assigns. Further, I hereby grant full permission to any and all of the forgoing, to use any photograph, video tapes, motion pictures, recordings, or any other record of this event, for any legitimate purpose. I also grant permission to managing personnel, or other representatives, to authorize and obtain medical care from any licensed E.M.T., physician, hospital, or medical clinic should the above named participant becomes ill or injured while participating in activities away from home or at any other time when neither parent is available to grant authorization for emergency treatment.

\_\_\_\_\_  
 Print Parent/Guardian Name (must be 18 yrs and older)                      Parent/Guardian Signature                      Date

\_\_\_\_\_  
 Emergency Contact Name                      Home/Cell Phone #                      Relationship

\_\_\_\_\_  
 Family Physician Name                      Phone #                      please list any health/medical conditions

**VOLUNTEER INFORMATION: If interested in volunteering, please contact Juan De la Cruz/Sports Volunteer Coordinator**

Yes, I am interested in: \_\_\_\_\_ Head Coach \_\_\_\_\_ Asst. Coach \_\_\_\_\_  
 \_\_\_\_\_  
 First/Last Name                      Phone #

\*ALL ECISD TEAM VOLUNTEERS WILL NEED TO SUBMIT A VOLUNTEER APPLICATION – VOLUNTEERS FROM NON-ECISD TEAM WILL NEED TO SUBMIT A VOLUNTEER RELEASE FORM\*