

# Cohasset Parks & Recreation Department Sports Registration Form

Player's First name \_\_\_\_\_ Last name \_\_\_\_\_ Sex: M F Birthdate: \_\_\_\_\_

Grade: \_\_\_\_\_ (For summer sports, list the grade for the upcoming fall school year)

T-Shirt size (in youth sizes): \_\_\_\_\_

Are you a City of Cohasset resident: Yes No

Does your child attend or live in the Cohasset School district: Yes No

Program (circle one):	Tee Ball	Soccer	Pony Football	Volleyball
Fee for Cohasset residents or Coh students	\$35	\$45	\$30	\$40
Fee for Non-Residents or Non-Coh students	\$55	\$65	\$50	\$65

If your child has any medical concerns that the Parks Dept or coaches need to be informed of, please note them below:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<b>Father</b>
Name: _____
Address: _____
City _____ State _____ Zip _____
Cell Phone _____
Home Phone _____
Work Phone _____
I would be interested in the following:
Coaching _____ Concessions _____ Other _____

<b>Mother</b>
Name: _____
Address: _____
City _____ State _____ Zip _____
Cell Phone _____
Home Phone _____
Work Phone _____
I would be interested in the following:
Coaching _____ Concessions _____ Other _____

By participating in the above named activity, I hereby release and hold harmless the Cohasset Parks & Recreation Department, the City of Cohasset and its employees for any accident or injury which may be incurred in the course of this activity. Due to Data Privacy Act, the City of Cohasset will not give out phone numbers to anyone but coaches.

\_\_\_\_\_  
 PARENT SIGNATURE DATE

**TURN IN THIS FORM at City Hall with cash or a check payable to "City of Cohasset" or drop in the after-hours utility drop box or mail to Cohasset Parks Dept, 305 NW 1<sup>st</sup> Ave, Cohasset, MN 55721. Credit cards not accepted.**  
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