ACTIVITY REGISTRATION FORM

(Please Print)

I hereby give my son/daughter _____ permission to participate in the following NORDC activities, programs and events during the current calendar year. (Please check all that apply.)

☐ Baseball ☐ Basketball ☐ Cheerleading ☐ Flag Football ☐ Tackle Football ☐ Soccer
☐ Outdoor Programs ☐ Softball ☐ Swimming ☐ Tennis ☐ Track ☐ Volleyball ☐ Summer Camp

_____ _____/_____/_____
Child Name First Middle Initial Last Date of Birth (MM/DD/YYYY)

_____ New Orleans, LA _____
Street Address Zip

_____ _____ _____
Parent or Legal Guardian #1 Parent or Legal Guardian #2 Child's School

_____ _____ _____ _____
Cell Phone #1 Cell Phone #2 Email #1 Email #2

EMERGENCY CONTACTS (in addition to the parent/legal guardian listed above)

_____ _____ _____ _____
Name 1 Cell Phone Home Phone Work Phone

_____ _____ _____ _____
Name 2 Cell Phone Home Phone Work Phone

ELIGIBILITY AND RESIDENCE REQUIREMENTS

1. All participants in NORDC competitive leagues or programs must be residents of Orleans Parish and must also be residents of the Recreation District in which they compete.

2. Copy of certified birth certificate required.

3. In all cases, the parents or legal guardians bonafide address shall be considered the legal address of the player.

4. I understand that complaints, protests and concerns of the team collectively must originate with the team coach or playground supervisor and flow through NORDC's chain of command. Parents do not have the right to protest on behalf of the team.

5. I understand that my child is bound by the NORDC competitive and eligibility rules. It is my responsibility to become familiar with NORDC's rules through the team coach, playground supervisor, area coordinator or by written request for specific information to the NORDC Office, 5420 Franklin Ave., New Orleans, LA 70122 or call 658-3000 / 658-3050 (fax).

6. AN INELIGIBLE PLAYER IS A CHILD WHO IS TOO OLD, LIVES OUTSIDE OF ORLEANS PARISH OR IS NOT PLAYING FOR HIS/HER DESIGNATED HOME PLAYGROUND.

6. ALL GAMES IN WHICH AN INELIGIBLE PLAYER PARTICIPATED IN SHALL BE FORFEITED. TEAMS FORFEITING TWO (2) GAMES OR MORE CANNOT REPRESENT THE RECREATION DISTRICT IN CITY CHAMPIONSHIPS.

8. I understand that insurance coverage against injury while participating in NORDC programs will be my responsibility. NORDC has no such insurance. I also understand that it is my responsibility to determine that my child is medically fit to play a particular sport.

9. I understand that if I do not act in a civil manner, my child will not be allowed to participate. I understand that I must conduct myself appropriately during NORDC sanctioned events, including, but not limited to practices, meetings and games or my child and I may be subject to dismissal from NORDC programming.

I hereby grant full permission to NORDC to use any photographs and/or videos taken of me or my child during classes, programs and activities, to be used for promotional purposes including printed materials, social media, website, etc.

_____ _____ _____ _____
Parent/Guardian Signature Date Site Supervisor Signature Date

_____
Playground Name

Revised January 20, 2015

PLEASE NOTE: When a child FIRST ENTERS the NORDC COMPETITIVE PROGRAM, he or she may compete at the playground of his or her choice within the DISTRICT. THIS THEN BECOMES THE CHILD'S PERMANENT PLAYGROUND.

ANY CHANGE IN PLAYGROUND STATUS MUST HAVE WRITTEN APPROVAL FROM THE NORDC ATHLETIC DIRECTOR.
NOTE: ONLY PARENT / GUARDIAN (NO PLAYERS) MUST COMPLETE THIS FORM AND SIGN.

CONSENT FOR EMERGENCY HEALTHCARE

_____ _____/_____/_____
Child Name First Middle Initial Last Date of Birth (MM/DD/YYYY)

_____ New Orleans, LA _____
Street Address Zip

_____ _____
Parent or Legal Guardian Child's School

_____ _____ _____ _____
Parent Cell Phone Home Phone Work Phone Email

_____ _____
Employer Office Phone

_____
Allergies or anything else we need to know about

I AUTHORIZE THE NEW ORLEANS RECREATION DEVELOPMENT COMMISSION, THE STAFF AND/OR EMPLOYEES OR ANY OF THEM ACTING ALONE, TO ENGAGE SUCH PROFESSIONAL MEDICAL CARE OR HOSPITAL LABORATORY SERVICES AS MAY APPEAR TO BE NECESSARY OR DESIRABLE FOR THE PROTECTION OF THE HEALTH OR LIFE OF MY MINOR CHILD, NAMED ABOVE. ANY PERSON RENDERING HEALTH CARE PURSUANT TO THIS AUTHORIZATION SHALL BE ENTITLED TO TREAT CONSENTS GIVEN BY THE UNDERSIGNED. I AGREE TO BE RESPONSIBLE FOR ANY CHARGES INCURRED IN THE RENDITION OF SUCH CARE AND TREATMENT.

_____ _____
Parent/Guardian Signature Date

Should you have any question about any portions of this form,
please call the NORDC main office at 504-658-3052.

Revised January 20, 2015