



Check sport of interest:

Volleyball  Basketball

## ASSUMPTION PARISH SHERIFF'S RECREATION PROGRAM

### Registration Information

Full Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment/Unit #

City State ZIP Code

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Date of birth: \_\_\_\_\_ T-Shirt size: \_\_\_\_\_

### Parents Information

Mother's Full Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Address Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### Emergency Contact (other than parent)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

### Disclaimer and Signature

*I certify that as parent or legal guardian of the above-indicated child, I give my permission his/her participation in the Sheriff's Recreation Program. I understand that all precautions for their safety will be taken and that we will not hold Sheriff Leland J. Falcon, or any of his agents, board of directors, supporters, any host institution(s), or the representative(s) thereof, and the management or owner(s) of any physical facility in which the program is conducted, responsible for any accidents which may occur.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For more information please contact  
Lt. B. Parker at 1-985-369-7281 or  
[parker\\_sgt@yahoo.com](mailto:parker_sgt@yahoo.com)  
Dty. D. Oliver at 1-985-369-7281 or  
[doliver@assumptionsheriff.com](mailto:doliver@assumptionsheriff.com)**