

YOUTH SPORTS REGISTRATION FORM

Sport:	Baseball	Basketball	Cheerleading	Dance Troupe	Flag Footbal
	Soccer	Softball	T-ball	Tackle Football	Volleyball
Age Cutoff	: Baseball – May 1, 2	014; Football/Cheer – A	Aug. 1, 2013; Softball/Soccer/	Г-ball/Flag Football/Volleyball -	- Jan. 1, 2014
Participar	nt Information				
Participant's	Name:		Middle		
				Last	
State:		Zip Code:			
Participant's * A copy of I	DOB:/	 tificate must be turned	Gender: F M in with this form.		
T-Shirt Size	(circle one): Youth:	S M L	Adult: S M L XL	XXL	
Parent/Guard	lian Name(s):				
Phone Numb	er(s):		Email:		
Emergenc	y Contact Person	(s) other than Parc	ent/Guardian:		
Name:			Phone Number:		
Are you or o	lo you know anyone	interested in coaching	? Yes No If so, p	lease provide the information	below:
Name(s):					
Phone Numb	er:		Email:		
MEDICAL	RELEASE AUTHO	RIZATION AND CON	SENT FOR TREATMENT	OF CHILD	
any medical necessary by	emergency treatment a qualified medical d ervisor the authorization	or dental treatment for roctor or dentist. In the e	ny son/daughter or child I am vent I cannot be contacted, I g	, I hereby authorize and giv guardian of (listed above) shou give the authorized FVPRCR co rgency arises while participating	ıld it be deemed oach and/or activi-
ties and trans	, for myself, and/or as sportation to and from ontractors, and/or spo	the activities. I release nsors, from all risks and	, absolve, and indemnity the T hazards associated with the a	nd hazards incidental to the confound form of Fuquay-Varina, employ ctivities and in the event of an the Town of Fuquay-Varina u	yees of the Town, injury, do express
Parent/Guard	lian Print Name:			-	
Parent/Guard	lian Signature:			Date:	