

## Community Sports Youth Registration Form

**Name:** \_\_\_\_\_

**Sport:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ Male  Female

**TEAM:** \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ **CELL #** (\_\_\_\_\_) \_\_\_\_\_

School: \_\_\_\_\_ **Street Address:** \_\_\_\_\_

District: \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Child's Limitations or Cautions:** \_\_\_\_\_

Special Requests (requests are not guaranteed):  
\_\_\_\_\_

### Parent/Guardian Info:

Parent/Guardian Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

**Email Address:** \_\_\_\_\_

Emergency Contact (other than household): \_\_\_\_\_ Phone: \_\_\_\_\_  
(\_\_\_\_\_) \_\_\_\_\_

I am willing to volunteer as (Circle One): Coach / Assistant Coach / Referee / Other: \_\_\_\_\_

**Insurance:** It is the responsibility of every individual, their parent or legal guardian, to provide for their own accident and health coverage while participating in all community sport activities. The Department of Sports does not provide any such coverage for its participants.

### AUTHORIZATIONS and RELEASE:

**Medical Treatment:** I hereby give permission for my child to be given cardiopulmonary resuscitation (CPR) and first aid treatment by a qualified staff member/volunteer. In the event I cannot be contacted, I also give permission for my child to be transported by ambulance or aid car to an emergency center for treatment. I further consent to the disclosure of health information and to the medical, surgical and hospital care treatment and procedures (including, but not limited to administration of necessary anesthetics, tests, x-ray examinations, transfusions, injections, drugs) to be performed for my child by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health.

**Release from Liability:** Recognizing that the Department of Sports will do its best to ensure a safe experience, I understand that accidents may occur both from my child's participation in youth sports activities and from transportation to and from the program. I agree to assume these risks. By signing below, I release the Department of Sports, its employees, volunteers, independent contractors, directors and agents from all liability based on any damage, loss or injury whether it is the result of ordinary negligence or otherwise, caused to my child or to me, from participation in the youth sports program.

**I have read and understand the above and have completed this form to the best of my ability. I also support the Department of Sports' youth sports philosophy, which is based on participation, fun, physical fitness and health, skill and character development, teamwork, fair play, family involvement and volunteer leadership.**

**Signature of parent or legal guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_