



# YOUTH SPORTS REGISTRATION

**SPORT**

Basketball  Volleyball

**UNIFORM SHIRT SIZE** (Clothing sizes may vary by sport. If unsure, choose a larger size.)

YS  YM  YL  AS  AM  AL  AXL  AXXL

**PLAYER INFORMATION**

<b>CHILD'S LAST NAME</b>		<b>FIRST NAME</b>	<b>MI</b>	<b>GENDER</b>	
				<input type="checkbox"/> Male	<input type="checkbox"/> Female
<b>HOME ADDRESS</b>			<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>
<b>GRADE</b>	<b>BIRTH DATE (MM/DD/YYYY)</b>	<b>SCHOOL ATTENDING</b>			
<b>HEIGHT</b>	<b>YEARS EXPERIENCE</b>	<b>CHILD CURRENTLY PLAYS THIS SPORT ON THE SCHOOL TEAM</b>			
	<input type="radio"/> Rec. ____ <input type="radio"/> Travel ____ <input type="radio"/> School ____	<input type="checkbox"/> Yes <input type="checkbox"/> No			

**PARENT/GUARDIAN INFORMATION**

<b>PARENT/GUARDIAN NAME</b>			<input type="checkbox"/> Residential parent/guardian		
			<input type="checkbox"/> Interested in coaching		
<b>DAYTIME PHONE</b>	<b>CELL/OTHER PHONE</b>	<b>E-MAIL</b>			
<b>PARENT/GUARDIAN NAME</b>			<input type="checkbox"/> Residential parent/guardian		
			<input type="checkbox"/> Interested in coaching		
<b>DAYTIME PHONE</b>	<b>CELL/OTHER PHONE</b>	<b>E-MAIL</b>			
<b>EMERGENCY CONTACT (NOT LISTED ABOVE)</b>				<b>RELATIONSHIP</b>	
<b>DAYTIME PHONE</b>	<b>CELL/OTHER PHONE</b>	<b>E-MAIL</b>			

**MEDICAL INFORMATION/SPECIAL CIRCUMSTANCES**

Does child have any medical problems/allergies?  Yes  No Describe: \_\_\_\_\_

Describe any special circumstances: \_\_\_\_\_

In consideration of acceptance as a member of the Grove City Parks and Recreation program, I do hereby, for myself, executors and administrators, waive, release and forever discharge of all claims for any and all damages, which may be sustained and suffered by the above child in connection with his/her said association with and/or entry into games, exhibitions and/or practice sessions which may herein after occur to me against the Grove City Parks and Recreation Department, the South-Western City School District, their sponsors, administrators all their respective officers, agents, representatives, successors and/or assigns.

In further consideration for such recreation and training being afforded my child, I do hereby release and discharge the Grove City Parks and Recreation Department, the South-Western City School District, their officers, coaches, assistants and their appointees any and all of them, from any claims, liabilities, damages or demands for any injuries to person or property, sustained by the above named child and resulting from their participation, practice or play for the aforementioned organization. Should the above named child become ill or injured and a parent or guardian cannot be contacted, permission is hereby granted to call a licensed physician for treatment or to transport said child to a hospital emergency room for treatment. Further the undersigned will indemnify and hold harmless the City of Grove City, its officers, employees, sponsors, administrators, agents and all other persons, whoever, from any and every claim or demand of every kind of character, which may be asserted by reasons of any injuries or the effects or consequences thereof.

I agree to abide by the written rules, policies and spirit of Grove City Parks and Recreation Department, and that all programs are for the sole benefit of the children participating. I acknowledge the authority of the Administrator of Sports. I further agree to abide by any decisions made by the administrator not specifically covered by the Grove City Parks and Recreation Department, written bylaws or policies. I further understand that photographs or video are occasionally taken of programs and class participants associated with The City of Grove City. These images may be used in a variety of City of Grove City materials.

<b>PARENT/GUARDIAN SIGNATURE</b>	<b>DATE</b>

**FOR OFFICE USE ONLY**

<b>LEAGUE</b>	<input type="checkbox"/> Parent is coach <input type="checkbox"/> Associated with sponsor	<b>RECEIPT #</b>