

FALCON TRAIL YOUTH CENTER SPORTS REGISTRATION

SPORT: _____ DATE: _____

CHILD'S NAME: _____ DOB: _____

ADDRESS: _____ Home#: _____

PARENT EMAIL ADDRESS: _____

MALE or FEMALE AGE: _____ YEARS OF EXPERIENCE: _____

SPONSOR'S NAME: _____ RANK: _____ Duty#: _____

SPOUSE'S NAME: _____ RANK: _____ Duty#: _____

EMERGENCY CONTACT AND NUMBER (other than parent)

MEDICAL CONCERNS: _____

PAYMENT TERMS/INFORMATION

PAYMENT TERMS: Fees are payable upon registration. Players who are eligible for membership, but are not members will be assessed an extra \$15.00. District 20 and 38 players will be assessed an extra \$25.00

CHECK INFORMATION: The following is required on the face of the check: Sponsor's name, duty and home phone numbers, social security number, branch of service, rank/grade, squadron/organization/agency, home address, civilian driver's license state and number. Any missing information could cause a delay in payment that would result in a late payment fee.

REFUND: Refunds will only be given for PCS or medical reasons. Documentation must be provided.

RETURNED CHECK CHARGE: A charge of \$25.00 for any returned check will be added to the fees and the player is ineligible to participate in any Youth Program until restitution has been made.

HEALTH & SAFETY: All participants must provide a current physical/immunization prior to the first practice. Physical must not be more than 1 year old. The league must be informed of any medical conditions that require special treatment or attention.

EQUIPMENT: Players must provide their own Safety Items (mouth guard, shin guards, shoes, etc.). Regulation uniforms will be issued and must be used. Players must properly maintain and return upon request, the equipment and uniform in as good condition as when issued, except for normal wear and tear. If not, the parent will be charged for the equipment/uniform. All uniforms/equipment must be turned in clean, to the Coach, not the Youth Center.

I, the parent or guardian of the above named child, give my approval for his/her participation in the above named Sports Program. I understand that I assume all risks involved in such participation. I hereby waive, absolve and agree to hold harmless the Falcon Trail Youth Center, sponsors, supervisors, and other participants from liability for loss or injury incurred by my child during, or as a result of participation in this activity. I further state that I am fully aware of the possible risks encountered by a participant in the Youth Center's activities.

Signature

Date

I would like to volunteer (circle one)

COACH

ASST. COACH

STAFF USE ONLY

Amount Paid: _____

Date Paid: _____

Staff Initials: _____