

WEST MORGAN YOUTH ATHLETIC ASSOCIATION

Sports Registration Form

Football <input type="checkbox"/>	Cheer <input type="checkbox"/>	Baseball <input type="checkbox"/>	Softball <input type="checkbox"/>	Soccer <input type="checkbox"/>	Basketball <input type="checkbox"/>
Participant Information		Grade attending this fall _____			
Players Name	Last Name _____		First Name _____		Middle Name _____
Players Address	Street _____		City _____	State _____	Zip Code _____
Players Date of Birth	Month / Day / Year _____	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Phone _____	
School currently attending	_____		School Boundaries you live in _____		
Parent / guardian Information		Email Address _____			
Father/Guardian Name	Last Name _____		First Name _____		Home Phone _____
Employer _____	Occupation _____		Work / Cell Phone _____		
Mother/Guardian Name	Last Name _____		First Name _____		Home Phone _____
Employer _____	Occupation _____		Work / Cell Phone _____		
Volunteer Information	Parents, If you are interested in volunteering your time and energy to assist in the following areas please check appropriate box or boxes				
Head Coach <input type="checkbox"/>	Asst. Coach <input type="checkbox"/>	Concessions <input type="checkbox"/>	Team Mother <input type="checkbox"/>	Referee/Umpire <input type="checkbox"/>	
Score-keeper / Bookkeeper <input type="checkbox"/>	Other <input type="checkbox"/>	_____			
Medical / Emergency Contacts		Medical Insurance Carrier _____			
Does the player have any present injuries or limitations, allergies, hemophilia, heart condition, history of respiratory illness, or any other significant medical conditions: Yes <input type="checkbox"/> <input type="checkbox"/>					
If yes, please state problems here _____					
If you wish you family doctor contacted in case of emergency please list name and phone number:					
Physician Name _____			Phone _____		
Emergency Contact Name _____			Phone _____		
Address _____			Relationship _____		
Street	City	State	Zip Code		

Waiver / Disclaimer I, the parent/guardian of the above mentioned individual, acknowledge that participation in athletic events involves risk of physical injuries. In consideration for accepting the registration of the above named individual and permitting the voluntary participation of said individual in the Morgan County Park & Recreation Department Sports Program, I here release, discharge and hold harmless County of Morgan, its volunteers and all other representatives of the County from any claims arising out of or relating to any injury that may result to said individual during and Park and Recreation Department sponsored events, including any injuries caused by the negligence of any official, referee, coach, Park and Recreation Department volunteer or representative while performing his/her duties during any practices, games or transporting of individuals to and from Park and Recreation events

Parent / Guardian Signature _____ Date _____