



YOUTH SPORTS REGISTRATION FORM

Please Complete one form per child.

Office Use Only	
Member \$40 x ____ = ____	
Non-Mem \$50 x ____ = ____	
E-pay: On File / New	

Child's Name: _____

Date of Birth: _____ Age: _____

Address: _____

Parent(s)/Guardian(s) Names: _____

E-Mail Address: _____

May we email you about upcoming programs/events? Y or N

May we photograph your child for marketing purposes? Y or N

Home Phone: _____

Cell Phone: _____

Check Here	FLAG FOOTBALL	
	- Wednesdays -	
	*Feb. 27 - May 8	
	Ages 6 - 9	5:15 - 6:00 PM
	Ages 10+	6:15 - 7:00 PM

Check Here	SPORTS ACADEMY	
	- Mondays -	
	*March 4 - May 20	
	Ages 6 - 9	5:15 - 6:00 PM
	Ages 10+	6:15 - 7:00 PM

*IF your child is a current BS/AS or Special Day Member,
 or IF your child participated in Fall Sports, you may skip to #4.*

Emergency Contact Numbers - Please Update any changes:

1. Name: _____

Relationship to child (Mom, Dad, Aunt, Brother etc.) _____

Phone Number/Numbers: _____

2. Name: _____

Relationship to child (Mom, Dad, Aunt, Brother etc.) _____

Phone Number/Numbers: _____

3. Name: _____

Relationship to child (Mom, Dad, Aunt, Brother etc.) _____

Phone Number/Numbers: _____

4. Are there any special health concerns? (Example: Allergies/Asthma)

- a) _____
- b) _____
- c) _____

****No classes/clinics during April Vacation - Spaces are limited***

Parent/Guardian Signature: _____ **Date:** _____