

# CHESTER YOUTH SPORTS REGISTRATION FORM

*E-Mail: recreationinchester@yahoo.com or Phone 875-3603*

SPORT: Please Check one: Soccer \_\_\_\_\_ Basketball \_\_\_\_\_ Baseball/Softball \_\_\_\_\_ T-Ball \_\_\_\_\_ Other \_\_\_\_\_

## PLAYER INFORMATION

First Name: _____		Last Name: _____	
Birthday: _____ <small style="margin-left: 20px;">month                  day                  year</small>	<input type="checkbox"/> Male <input type="checkbox"/> Female		Age: _____
Street Address: _____		Mailing Address: _____ <i>if different</i>	
City: _____ State: _____		Zip Code: _____	
Telephone Number: _____		*Birthday as of May 1 <sup>st</sup> , 2015 _____	
E-Mail Address: _____		*For Baseball Please Check 9-10 Div. _____	
List any medical problems or prohibitions player may have: _____		GRADE <input type="checkbox"/> Kindergarten <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Fifth <input type="checkbox"/> Sixth	SHIRT SIZE <input type="checkbox"/> Youth Small <input type="checkbox"/> Youth Medium <input type="checkbox"/> Youth Large <input type="checkbox"/> Adult Small <input type="checkbox"/> Adult Medium <input type="checkbox"/> Adult Large <input type="checkbox"/> Adult X-Large

## PARENT/GUARDIAN INFORMATION

Father's Name: _____	Home Phone: _____	Work Phone: _____
Mother's Name: _____	Home Phone: _____	Work Phone: _____
Person to notify in an emergency: _____	Telephone: _____	
Doctor to notify in an emergency: _____	Telephone: _____	

### IMPORTANT

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the USYA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with sports programs and activities (the "Programs"). I hereby release, discharge and/or otherwise indemnify the USYSA, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

Parent's Name: \_\_\_\_\_  
 Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### PARENTAL SUPPORT

We ask for active participation of all parents in our program. Please check the area(s) in which you would be willing to help.

- Coach
- Assistant Coach
- Referee
- Other: \_\_\_\_\_

### CONSENT FOR MEDICAL TREATMENT (minor)

As the parent or legal guardian of the above-named player, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

Signature: \_\_\_\_\_

### OFFICIAL USE ONLY

Player Fee: \_\_\_\_\_  
 Registration Date: \_\_\_\_\_  
 Received by: \_\_\_\_\_  
 Cash     Check  
 Check #: \_\_\_\_\_

Season Sports Registration Price: \$35 for grades 3<sup>rd</sup>-6<sup>th</sup> & \$30 for Grades K-2<sup>nd</sup> (Soccer, Basketball, Baseball, Softball) \*\*\$5 discount for each additional child.