

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: 40px;">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: _____	*For Baseball Please Check 9-10 Div. _____
Telephone Number: _____	GRADE <input type="checkbox"/> Kindergarten <input type="checkbox"/> Youth Small <input type="checkbox"/> First <input type="checkbox"/> Youth Medium <input type="checkbox"/> Second <input type="checkbox"/> Youth Large <input type="checkbox"/> Third <input type="checkbox"/> Adult Small <input type="checkbox"/> Fourth <input type="checkbox"/> Adult Medium <input type="checkbox"/> Fifth <input type="checkbox"/> Adult Large <input type="checkbox"/> Sixth <input type="checkbox"/> Adult X-Large		11-12 Div. _____
E-Mail Address: _____			
List any medical problems or prohibitions player may have: _____			

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: \$40 for grades 3rd-6th & \$35 for Grades K-2nd (Soccer, Basketball, Baseball, Softball)
Other Programs: TBD