

Soccer **Twinfield Community Boosters Club** Basketball

# Youth Sports Participant Registration Form

## PARTICIPANT INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_ Birthdate: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Relationship To Child: \_\_\_\_\_ Email: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Relationship To Child: \_\_\_\_\_ Email: \_\_\_\_\_

## MEDICAL AND INSURANCE INFORMATION

Does your child have any medical conditions or other circumstances the coaches should be aware of? If yes, please explain: \_\_\_\_\_

Medications: \_\_\_\_\_ Allergies: \_\_\_\_\_  
 Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_ Subscriber Name: \_\_\_\_\_

## PARENT/GUARDIAN AUTHORIZATION

By checking this box I attest that if I cannot be reached in an emergency I hereby give consent for a qualified emergency medical service provider, transport agency and/or physician or surgeon to examine, diagnose and prescribe or perform treatment, including surgery, that is deemed advisable for the welfare of the above named participant.

By checking this box I attest that I understand that participation in the soccer and/or basketball program involves risk, and I agree to assume those risks. I hereby release and hold harmless the Twinfield Community Boosters Club, Inc., its committees, officers, employees, Twinfield Union School and the volunteers involved in the program from any liability arising from my child or dependant's participation in these programs.

Parent/Guardian Name: \_\_\_\_\_ Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## PARENT/GUARDIAN VOLUNTEER INTEREST

Youth Sports is run by parents and volunteers. Our programs are made stronger through participation. If you are able to contribute to Youth Sports through volunteering as a coach or assistant coach, please let us know. Other ways to contribute include being involved in Youth Sports through the Boosters Club, being available as a referee, helping paint lines on the fields, or help with concessions (to name a few). New ideas, feedback, and any volunteer help are always welcome, and greatly appreciated!

I would like to sign up to volunteer as a coach/assistant:  Name: \_\_\_\_\_

## PAYMENT INFO

Please **include** check with registration (make check out to "TYS"):  Soccer K-2<sup>nd</sup> \$15.00  Basketball K-2<sup>nd</sup> \$15.00

**Mail registration and check to:** 42 Brook Rd. Plainfield, Vt. 05667  Soccer 3<sup>rd</sup>-6<sup>th</sup> \$25.00  Basketball 3<sup>rd</sup>-6<sup>th</sup> \$35.00

For more info, or with questions/concerns, contact George Cushing. Phone: 454-7731 E-mail: [cushing33@aol.com](mailto:cushing33@aol.com)