

Receipt #: _

City of New Ellenton Parks and Recreation Department Youth Sports Registration Form

Birth Certificate Scanned _

Sport (circle one):

Football

Softball

Cheerleading

Tee-ball

Baseball

League Age:

Office Use Only

Age:	Birth date: Sex							: M F			
Player lives with (name):					Relationship:						
Address (City	, State, Zip)):									
Phone Numbe	Alterna	Alternate Phone Number:E-mail address:									
Emergency C	ontact & Ph	one Nur	nber (othe	r than a	bove):						
Medical Insur	ance Provid	ler & ID	Number:								
Family Physic	cian Name &	& Phone	Number:_								
Does your chi	ld have any	allergie	s? Yes	No :	If yes, ple	ease list:_					
Does your chi	ld have any	serious	medical c	ondition	ns? Ye	s No	If yes, pl	ease list:_			
If your child l	nas been dia	gnosed v	with asthm	na, has l	ne/she bee	en prescri	bed a res	cue inhal	er?		
Did you parti	cipate in this	s sport th	rough the	City of	New Ell	enton las	t year?		If so, w	which team?	
T-shirt Size (d	circle one):	YS	YM	YL	AS	AM	AL	AXL	A2XL		
Pant Size (cir	cle one):	YS	YM	YL	AS	AM	AL	AXL	A2XL		
sports. I hereby with any providers If my chi not provi I give per the City of I understa	grant consernecessary notes. Id has asthnode an inhale	nt to any nedical c na and ha er, I unde my chil nton Par erleadin	and all he are as a re as been prostand tha d's name, ks and Reg participa	ealth car sult of a escribed t my ch image a creation ation rec	e provide any injury d a rescue ild may n and/or lik a Youth S quires the	rs design villness. inhaler, ot play in eness to b ports Pro purchase	ated by the This coroll will have the interpretation to the photogograms.	he City or asent includes we the resorrest of pro- graphed, v	f New Ellentondes First Aid cue inhaler at otecting his/h	on representatives to provide my child and transportation to/from health care every practice, game or event. If I do er health. d/or published to promote and publicize	
Registration I	ees:	Footba	ll, Baseba	ll, Softl	oall - \$60	.00	*Chee	rleading	- \$10.00	Tee ball - \$40.00	
*Cheerleading (<u> </u>		,		, and the second			ŕ			
REGISTRAT	ION FEES	FOR Y	OUTH SP	PORTS	<i>PROGRA</i>	IMS ARI	E NON-F	REFUND	ABLE – NO	EXCEPTIONS.	
										ty of New Ellenton Youth Sports oide by the procedures herein.	
Parent's Signature:						Dat	Date:				
OFFICE USE	ONLY:										
	oo Doid: = (ash □C	heck □ M	onev Or	der Re e	ceived fro	m:			Received by:	