

Date Registered _____	For Office Use Only: Amount: _____	Staff Initials: _____
Date of physical: _____	Birth Certificate: _____	

## Dyess Pee Wee Sports Participation Form

### Section I – Child’s Information

Name: \_\_\_\_\_  
*Last Name*
*First Name*
*Middle Initial*

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M F School: \_\_\_\_\_  
*MM/DD/YY*

Sport: \_\_\_\_\_

Shirt Size: YS YM YL AS AM AL AXL Shirt #'s: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

### Section II – Sponsor’s Information

Name: \_\_\_\_\_ Rank: \_\_\_\_\_  
*Last Name*
*First Name*
*Middle Initial*

Organization: \_\_\_\_\_ Duty Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
*Last Name*
*First Name*
*Middle Initial*

Emergency Phone #: \_\_\_\_\_

### Section III – Parent/Legal Guardian

I, the parent or guardian of \_\_\_\_\_, give my approval for his/her participation in the above named sports program. I understand that I assume all risks involved in such participation. I hereby absolve and agree to hold harmless Dyess Youth Programs, sponsors, supervisors and other participants from liability for the loss or injury of my child as a result of participation in this activity. I further state that I am fully aware of the possible risks encountered by participation in Youth Sports. **I have received a copy of the Youth Sports Handbook.**

Parent or Guardian’s Signature \_\_\_\_\_ Date \_\_\_\_\_

#### REFUND POLICY

Refunds shall **ONLY** be given for PCS or EMERGENCY medical reasons. (\_\_\_\_\_) *Initials*

**REMEMBER:** All youth sports coaches are volunteers. Same-team requests will only be honored for siblings. Requests for coaches are only honored if coach is a parent or guardian.

**VOLUNTEERS NEEDED!**

**I can volunteer or help as:**

Coach    Asst. Coach    Team Mom    Team Helper    Snack Bar