

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

Dyess Youth 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