



Community Ed Youth Sports League Registration

PLEASE CIRCLE SPORT REGISTERING FOR: **VOLLEYBALL** **BASKETBALL**

REGISTRATION FORM—Please Print

Name _____ Birth Date ___/___/___ Grade _____ F M
 Address _____ City _____ Zip _____
 Telephone #'s: Home _____ Cell _____ Cell _____
 Email _____ School Attending _____
 Previous Coach _____
 T-Shirt Size: YS___ YM___ YL___ YXL___ AS___ AM___ AL___ AXL___ A2XL___ Other___

— COMPLETE ONLY IF PARENT IS COACHING —

Name _____ Sex: M F
 Contact Information if different than above _____
 T-Shirt Size: (circle one) AS AM AL AXL 2XL 3XL 4XL 5XL
 Team Name _____
 Team Color _____
 WISD Employee/Sub/Volunteer? Yes No Where? _____

PARENT RELEASE

I recognize the risks of injury inherent in any program and am participating in the express agreement and understanding that I am hereby waiving and releasing the coaches and Weatherford ISD from and against any and all claims, costs, liabilities, expenses, or judgment, including attorney's fees and court costs arising out of participation in this program.

Signature _____

PHOTO RELEASE

I give my permission for photos to be taken of my child for use in Community Ed publications, on the WISD website, or in the newspaper. Yes No

Parent/Guardian Signature

Date

PAYMENT METHOD Cash Check # _____ MO # _____ VISA MC Discover

Name/Address on card if different from above _____

Card # _____ / _____ / _____ / _____ Exp. ____ / ____ CVC _____ Amt Pd _____

Return to: Community Ed, 900 N. Elm St., Weatherford TX 76086 or Fax to 817-598-2807