

Boonville Recreation Club Sports Registration Form

Program: \_\_\_ Baseball \_\_\_ Basketball \_\_\_ Football \_\_\_ Softball \_\_\_ Cheerleading

Shirt Size: \_\_\_\_\_ Youth/Adult (circle one)

Name as it appears on birth certificate: \_\_\_\_\_

Name as commonly referred to: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade next school year: \_\_\_\_\_ Gender: \_\_\_ Male \_\_\_ Female

Parent(s) or Guardian(s): \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent(s) or Guardian(s): \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Father/Male guardian's mobile phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Mother/Female guardian's mobile phone: \_\_\_\_\_

Email address: \_\_\_\_\_

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

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

Are there medical conditions that may affect your child's ability to participate? \_\_\_ Yes \_\_\_ No

If yes, please explain below:

\_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

Insurance Policy Number: \_\_\_\_\_

*\*As a parent/guardian of a child participating in a program sponsored by the Boonville Rec. Club, I agree to work in the concession stand as a condition of my child's participation. I understand that if I am unable to work my assigned time I will arrange for someone else to assume my responsibilities.*

Parent/Guardian(s) Signature: \_\_\_\_\_

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Office Use: Fee: Amount \_\_\_\_\_ Cash \_\_\_\_\_ Check No. \_\_\_\_\_

Last Year's Coach/team: \_\_\_\_\_