EAST MOUNTAIN ATHLETIC ASSOCIATION REGISTRATION FORM

Good Sportsmanship is Everyone's Responsibility ... Be a Good Sport

Please Check Uniform Size: ☐ Youth Sm ☐ Youth Med ☐ Youth L ☐ Small ☐ Med ☐ Lg. ☐ XLg. ☐ 2XLg.

SPORT:	DIVISION: ☐ Rookies (Ages 5-6) ☐ Peewees (Ages 7-8) ☐ Minors (Ages 9-10) ☐ Majors (Ages 11-13)

PLAYER

PLEASE PRINT CLEARLY AS THIS NAME WILL APPEAR ON CHILD'S AWARD:

Last Name:_____ First Name:_____ Suffix:_____ Gender (M or F): _____

Birth Date:_____/_____/_____ Age:_____ Grade:_____ School: _____

Are you a returning player? ☐Yes ☐ No If yes, Team: _____ Division_____

Do you have a brother or sister playing in this same age division? ☐Yes ☐ No

If yes: Name_____ Age _____

****Same team privileges will only apply to siblings ONLY ****

GENERAL

Address_____ Apt. #:_____ City_____ Zip Code_____

Parent/Guardian_____ Home Phone: _____

Work: _____ Ext:_____ Cell: _____ Email: _____

Emergency Contact Name: _____ Relationship: _____

Home: _____ Work:_____ Ext:_____ Cell:_____

Please check if you are interested in the following: ☐ Coach ☐ Assistant Coach ☐ Volunteer

How did you hear about this program? ☐ Mail ☐ Newspaper ☐ Friend/Relative ☐ School ☐ Phone Inquiry ☐ Other (please state)_____

PARENT CONSENT FORM

I, the undersigned, give permission for my child, whose name appears above, to participate in the **East Mountain Athletic Association Youth Sports Program**. I understand the nature of sports activities and the minor's experience and capabilities and believe the minor to be qualified, in good health, and in proper physical condition to participate in such activity. I agree to relieve East Mountain Athletic Association, its officer agents, employees, and fingerprinted volunteer staff from any liability in connection with any injury to my child in connection with the league in which they participate. I understand that the Recreation Facility CARRIES NO INSURANCE. I understand that East Mountain Athletic Association reserves the right to dismiss a child for any conduct detrimental to the program.

Right of Publicity: I authorize the East Mountain Athletic Association to make, procure, or use photographs, film, tapes, or other likenesses of Minor's physical image and/or voice as may be needed for use with the program publicity material in perpetuity without compensation.

I, the undersigned parent of, _____ a minor, do hereby authorize **East Mountain Athletic Association Volunteers** as agents for the under-signed to consent to X-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or specialized supervision of any physician licensed under the provisions of the Medical Practice Act on the staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or a said hospital. It is understood that this authorization is given in advance of any such diagnosis, treatment, or hospital care that the aforementioned physician in the exercise of his best judgment may deem advisable. This authorization shall remain effective for the duration of the program unless revoked sooner in writing and delivered to said agent.

Signature_____ Date_____

PARENTS'/GUARDIANS' OATH TO KIDS

I promise to demonstrate good sportsmanship by being a positive role model and encouraging you to play and have fun while supporting you and your team in both victory and defeat.

Parent/Guardian Signature:_____ Date: _____ Parent/Guardian Signature: _____ Date:_____

RR NUMBER	AMOUNT	RECEIVED BY (Initial)	AGE VERIFIED (Initial)