



Sports Program Registration Form

PLAYERS NAME: _____ BIRTHDATE: _____ MALE FEMALE

SPORT YOU ARE REGISTERING FOR? _____

PARENT OR GUARDIAN NAME: _____
LAST FIRST MIDDLE INITIAL

ADDRESS: _____
STREET/PO BOX CITY STATE, ZIP

PHONE EMAIL

CARE PROVIDER: _____ PHONE: _____

EMERGENCY CONTACT: _____ PHONE: _____

EMERGENCY CONTACT: _____ PHONE: _____

WHAT SIZE YOUTH T-SHIRT? _____ SM _____ MED _____ LARGE _____ X-LARGE

WHAT SIZE ADULT T-SHIRT _____ SM _____ MED _____ LARGE _____ X-LARGE

WILL A CARE PROVIDER SUCH AS NORTHSTAR OR SYRINGA BE COMING? YES NO

IF YES, NAME OF CARE PROVIDER: _____

IF PLAYER IS A MINOR, WHO IS ALLOWED TO PICK UP YOUR CHILD? (IF THEY ARE NOT ON THE LIST, THEY WILL NOT BE ALLOWED TO PICK UP YOUR CHILD)

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

DO YOU CURRENTLY RECEIVE EMAILS FROM US REGARDING UPCOMING ACTIVITIES? YES NO

WOULD YOU LIKE TO RECEIVE EMAILS, IF YOU ARE NOT CURRENTLY? YES NO

AS A PARENT OR CAREGIVER, WOULD YOU BE INTERESTED IN COACHING OR VOLUNTEERING? YES NO

PLEASE COMPLETE THE REVERSE SIDE OF THIS DOCUMENT



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FEES:

Registration for each sport program is \$25.00. Some programs may have additional fees and those will be noted. No transportation will be provided unless noted.

SPECIALIZED NEEDS RECREATION REGISTRATION FORM AGREEMENT STATEMENT

I am aware that participation in recreational activities may have hazards both obvious and latent which may be caused by my own actions or inactions, by the actions of others participating in the event, or by conditions in which the events take place. I fully accept and assume all such risks and all responsibility for losses, cost, and/or damages, I (and/or my minor child's) may incur as a result of my (and/or my minor child's) participation. I also understand that Specialized Needs Recreation has no medical insurance to cover medical expenses and all medical costs are my responsibility.

I hereby release, discharge and hold harmless Specialized Needs Recreation, its affiliated organizations, all staff, directors, administrators, and volunteers in any/all programs sponsored by Specialized Needs Recreation. I also release, discharge and hold harmless, any person transporting me (or my child) before, during and/or after such activities.

If during my (or my minor child's) participation in Specialized Needs Recreation activities I (and/or my minor child's) should need emergency medical treatment and I (and/or my minor child's) am (are/is) not able to give my consent or make my own arrangement for that treatment, I authorize Specialized Needs Recreation to take whatever measures are necessary to protect my (and/or my minor child's) health and wellbeing, including if necessary, hospitalization.

I also give permission for pictures and/or videos of my child and/or I to be used by Specialized Needs Recreation and any other group they approve for public relations purposes.

I have read this "Release of Waiver and Liability, Assumption of Risk, and Indemnity Agreement" and fully understand it.

SIGNATURE OF PLAYER

DATE

SIGNATURE OF PARENT/GUARDIAN (if applicable) DATE

SNR USE ONLY
Registration Paid