

Youth Sports Application - Central Linn Recreation Association

Participant Information

2011-2012

Last Name _____ **First Name** _____

Date of Birth _____ **Grade** _____ **Male**__ **Female**__

Parent's or Guardian's Names _____

Address _____ **City** _____

Primary-Phone _____ **Secondary-Phone** _____ **Work-Phone** _____

Email address may be used to update practice and game information. **Email** _____

Emergency Contact Information

Name _____ **Relationship** _____

Primary Phone _____ **Secondary Phone** _____

Emergency Instructions

Allergies / Other Restrictions _____

Family Doctor _____ **Phone** _____ **Hospital** _____

Sport (circle one)

- | | | |
|---|---|--|
| Flag Football \$40.00 | Basketball Clinic K-2 nd \$ 25.00 | T-Ball K \$25.00 |
| Tackle Football \$75.00 | Basketball 3 rd - 6 th \$ 40.00 | Coach Pitch 1 st -2 nd \$25.00 |
| Volleyball \$40.00 | Soccer K-2 nd \$25.00 | Softball 3 rd - 6 th \$40.00 |
| Softball 7 th /8 th \$75.00 | Baseball 7 th /8 th \$75.00 | Soccer 3 rd - 6 th \$40.00 |
| | | Baseball 3 rd - 6 th \$40.00 |

Participant's Shirt Size (circle one):

Youth: Sm Med Lg XL

Adult: Sm Med Lg XL 2XL

Payment Information

IF NOT ABLE TO PAY IN FULL AT THIS TIME PLEASE FILL OUT A SCHOLARSHIP APPLICATION OR INDICATE WHEN YOU WILL BE ABLE TO PAY. Please drop balance or full payment at J&S Supply.

Paid Cash \$ _____ **Paid Check #** _____ **Date of payment** _____ **Scholarship form attached** _____

___ **YES** --I am interested in sponsoring a team ___ **YES**-- I am interested in coaching

___ **YES** ___ **NO**-- My contact information can be included on the team roster

Consent: I hereby give permission for the above named youth to participate in any sport or activities taking place under the supervision of the Central Linn Recreation Association. I release the Central Linn Recreation Association and their volunteers from any responsibility should any accident or injuries occur.

Parent's or Guardian's Signature: _____ **Date:** _____