

Participant Information
Sports Application

2016 Fall Youth

Last Name _____ First Name _____

Date of Birth _____ Grade _____ Male Female

Address _____ City _____

Phone #1 _____ Phone #2 _____ Work Phone _____

Parent's or Guardian's Names _____

Email _____ Email may be used to update practice & game information.

Emergency Contact Information

Name _____ Relationship _____

Primary Phone _____ Secondary Phone _____

Emergency Instructions

Allergies / Other Restrictions _____

Family Doctor _____ Phone _____ Hospital _____

Sport (Check One) Volleyball - 3rd - 6th Grade \$50.00

Participant's Shirt Size (Circle One) Youth: Sm Med Lg

Adult: Sm Med Lg XL 2XL

YES -- I am interested in sponsoring a team. YES -- I am interested in coaching.

YES or NO -- My contact information can be included on the team roster.

Payment Information: Please drop balance or full payment at Brownsville City Hall at 255 N. Main Street. 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.

Consent: I have read, have understood the implications of the documents provided, agreed to abide by future decisions of CLRA representatives and signed the Parent/Athletic Concussion Information Sheet, the Spectator's Code of Conduct & the Participant's Code of Conduct.

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 liability should any accident or injuries occur.

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

For Office Use Only: Date Application Received: _____ By _____

Code of Conduct Signed Concussion Form Signed

Paid Amount \$ _____ Cash Check # _____ Date of

Payment _____

