Participant Information **2017 Spring Youth Sports Application**

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 _____

Softball/Baseball (Check One) ☐ **Coed T-Ball - Age 5 by Sept. 1st & K $30.00**

☐ **Coach Pitch – 1st – 2nd Grade $30.00**

☐ **Softball - 3rd – 6th Grade $50.00**

☐ **Baseball – 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_____

Scholarship Form Attached _____ ☐ Scanned By/Date _____