

Parkwood Youth Organization - Sports Registration Form

Child's Name: (Last, First) _____		Gender ✓ : <input type="checkbox"/> Male <input type="checkbox"/> Female	
Birth Date: (Mo./Day/Yr.) _____	Age: _____	Email: _____	
Address: _____		City: _____	Zip: _____
Parents/Guardians: _____		Phone: _____	

INTRAMURAL SPORT	AGE	FEE	✓	TRAVELING SPORT	AGE	FEE	✓
Soccer Outdoor Intramural	3-8	\$50		Soccer Traveling Outdoor	7-18	\$120	
Soccer Indoor Intramural	3-11	\$50		Soccer Traveling Indoor	7-18	\$65	
Baseball Intramural	3-8	\$50		Soccer Traveling Spring	7-18	\$45	
Softball Intramural	3-8	\$50		Baseball Traveling	7-18	\$95	
Basketball Intramural	3-8	\$50		Softball Traveling	7-18	\$95	
Flag Football	5-18	\$65		Basketball Traveling	7-18	\$95	
Guest Player (All Sports)	7-18	\$25					

CHECK# _____ AMOUNT PAID \$ _____
 CASH AMOUNT PAID \$ _____
 ACTIVE MEMBER FEE \$ _____

■ List requests for COACHES or TEAMMATES here----> _____

■ List any MEDICAL CONDITIONS (Diabetes, Asthma, Allergies, Etc.) that PYO should be aware of below. If none, please write the word "none".

■ If you are INTERESTED IN COACHING, please check here

STATEMENT OF PARENTAGE (or LEGAL GUARDIANSHIP), CONSENT AND WAIVER:

I am the parent or legal guardian of the child listed above. By completing this form and paying the fee, I hereby give my full consent and approval for my child to participate as a team member for the sport designated above. I understand there are certain risks inherent in the practice and play of this sport, as well as in traveling, including transportation to and from games, and other related activities incidental to my child's participation. I am willing to assume these risks on behalf of my child. I hereby certify that my child is fully capable of participating in the designated sport, and that my child is healthy and has no physical or mental disabilities or infirmities that would restrict in full participation. I hereby waive, release, and hold harmless the Organization, its Officers, Coaches, Sponsors, Supervisors and Representatives for any injury that might occur in the normal course of participation in the designated sport and the activities incidental thereto, whether the result of negligence or any other cause.

✓ HERE	PYO is a nonprofit all-volunteer organization. Each family is required to contribute 3 hours of volunteer service with each registration. Please check below how you prefer to help.
	OFFICE, CLERICAL, BOOKKEEPING, OR DATA ENTRY
	BUILDING OR FIELD MAINTENANCE
	KITCHEN HELP
	CHAPERONE TEEN DANCES
	OTHER: I WILL HELP WHERE NEEDED

Parents Signature : _____

Date: _____

Received By: _____

Date: _____