

YOUTH SPORT APPLICATION

Sports Activity _____ **Today's Date** _____

Child's Name Last _____ First _____ Middle _____ Age _____

Child's Birthday (Day, Month, Year) _____ Home Phone _____ Cell Phone _____ Work Phone _____

Sponsor's Name Last _____ First _____ Middle _____

Family Address _____ **City** _____ **Zip Code** _____

Child's Gender MALE _____ FEMALE _____

Please Circle

Shirt Size YS YM YL YXL AS AM AL AXL AXXL AXXXL

Shorts Size YS YM YL YXL AS AM AL AXL AXXL AXXXL

I would like to be a **Head Coach** _____ **Assistant Coach** _____

(A cleared background check is required before you will be given a coaches discount)

As the parent or legal guardian of the participant in this activity, I hereby give my approval for this activity, I hereby give my approval for their participation in basketball.

I am assume all risk and hazards incidental to such participation including transportation to and from the activities. I do hereby give, waive, release absolve indemnity, and agree to hold harmless Fort Rucker Youth Sports, Organizers, Sponsors, Supervisors, Participants, and or persons transporting my child to or from activities, for any claim arising out of any injury to my child, expert to the extent and in the amount covered by accident or liability insurance.

I agree to return to Youth Services upon request any equipment, unifroms,etc. Issued to my child in condition as good as when received, except for noraml wear and tear. I will furnish a sports physical of the participant that will be valid from beginning to end of the sports season.

Signed _____ Relationship _____

NOTE: Refunds will be made only in the event of certified medical problems or unforeseen PCS moves on a pro-rated basis.

CYMS receipt # _____

Sports Physical Date: _____

Sports Physical expiration Date: _____

THE SPORTS PHYSICAL MUST NOT EXPIRE DURING THE SPORT SEASON