

7iny 7ots Registration Form

PLAYER INFO			
Last Name	First Name	Gender	
Address (City/State/	Zip)		
# of season played	Last Tea	m	
# of season played	Last Tea	111	
SHIRT SIZE (Circle One)			
	Youth Small		
	Youth Medium		
	Youth Large		
CONTACT INFO			
P:	rimary Contact Number		
Father	Phone #		
Mother	Phone #		
D. D. WALL			
Primary Email Address			
MEDICAL INFO			
Doctor 1	In Case of Emergency/Phone#		
Em	nergency Contact/Phone #		
List Any Medical Conditions			
Interested in	sponsoring a camp? Ask for de	etails!	

REGISTRATION FEES (Circle Camp)			
<u>Camp</u>	Age Cutoff Date	<u>Fee</u>	
Basketball	January 1	\$45	
Baseball/Softball	August 1	\$45	
Football	September 1	\$45	

*Tiny Tot Camps are for children Ages 3 - Pre-K with the specified cutoff date.

**Ask for details on how to volunteer!

FAMILY SHIRTS: \$12/Shirt (\$1/Size after XL)

Shirt Size Name On Back

CONSENT - MEDICAL TREATMENT

As parent or guardian of the above named player, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of medicine or dentistry. This care may be given under whatever conditions necessary to preserve life, limb or well being of dependant.

Signature X

RELEASE

I, the parent or guardian of the registrant, a minor, agree that we will both abide by the rules of Pleasant Hill Parks & Recreation Department. Recognizing the possibility of physical injury associated with youth sports and in consideration for the program accepting the registrant for its youth sports and activities I, hereby release and hold harmless the City of Pleasant Hill, its employees, team sponsors, associated personnel, or facility owner, hereby authorize.

Signature X