Ashville Youth League Registration Form



Players Name	rst Middle			Sex: M	F	
Fir Please circle the nar	rst Middle me the child wishes to be called) or add nicknam	Last e				
-	, 		State	Zip Code		
	Age					
Email Address(s):					
Primary Parent N	Name					
Home Phone	First Work Phone	MI	Last Cell Phor	ne		
Parent Name Home Phone	First Work Phone	MI	Last Cell Phor	ne		
	special circumstances in the home \Box If so, pleas					
	Would you be intere	ested in Coaching?	Yes ☐ No ☐			
FOR MEDICA	L TREATMENT (MINOR)					
Allergies:	peing of my dependent.					
	Signature	e of Parent/Guardian				
Recognizing the p the registrant injur its affiliated organi Programs, against	lian of the registrant, a minor, agree that the ossibility of physical injury associated with y associated with Sports Programs and activations and sponsors, their employees and any claim by or on behalf of the registrant of the same, which transportation I hereby	h athletics and in cons vities. I hereby release associated personnel, it as a result of the regi	ideration for the A , discharge and /or including the own	Ashville Youth Leag r otherwise indemniters of the facilities w	gue accepting fy the league, tilized for the	
Parent/Legal Gua	ardian (Please Print)					
Signature		Date				
	REGISTRATION FEE MUST BE	E PAID <u>TO COMI</u>	PLETE REGIS	STRATION .		
League:	PAID: Cash/ Check #	Receipt#	R'cv	d by:		

Official Registration Date and Time: