

City of Asheville Parks and Recreation

Sport Registering For: Baseball Softball Football Basketball Cheer Soccer

Player Name: _____	DOB: _____		Gender: M <input type="checkbox"/> F <input type="checkbox"/>
Address: _____		City: _____	State: _____ Zip Code: _____

Uniform Number Choices:	1st: _____	2nd: _____	3rd: _____	Age: _____
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Parent/Guardian #1	Parent/Guardian #2
Name: _____	Name: _____
Phone: _____	Phone: _____
Email: _____	Email: _____
Coach: Y <input type="checkbox"/> N <input type="checkbox"/> HEAD <input type="checkbox"/> ASSIST <input type="checkbox"/>	Coach: Y <input type="checkbox"/> N <input type="checkbox"/> HEAD <input type="checkbox"/> ASSIST <input type="checkbox"/>
<small>**If YES please fill out Coaches Application**</small>	<small>**If YES please fill out Coaches Application**</small>

<p>For Medical Treatment (MINOR): As a parent or legal guardian of the above named player, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my dependent.</p>
Medical Conditions: _____ Allergies: _____
Signature of Parent/Guardian: _____
Emergency Contact: _____ Phone: _____

I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of the Asheville Youth League. Recognizing the possibility of physical injury associated with athletics and in consideration for the Asheville Youth League accepting the registrant injury associated with Sports Programs and activities. I hereby release, discharge and/or otherwise indemnify the league, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of the facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the programs and /or being transported to or from the same which transportation I hereby authorize.

Parent/Legal Guardian PRINT: _____

SIGNATURE: _____ **DATE:** _____

******REGISTRATION FEE MUST BE PAID TO COMPLETE REGISTRATION******

FOR BOARD/OFFICE USE ONLY:

PAID: CASH / CHECK # _____ RECEIPT# _____ R'CVD BY: _____

OFFICIAL REGISTRATION DATE and TIME: _____