



Youth Recreational League Registration Form

Player Team Requests:

(Friends, Coach, etc.)

Participant's Name _____ DOB ____/____/____
Last First

Recreational League _____

Sex - M or F Age/Grade _____ Name of School _____

Height _____ Weight _____ T-Shirt Size _____ Youth or Adult

In this sport my child has: Few Skills Moderate Skills Advanced Skills

Parent/Guardian Information:

Name _____
Last First

Home Address _____ City _____ State _____ Zip _____

Home Telephone Number _____ Cell Phone Number _____

Email Address _____

Emergency Contact Information:

First Name _____ Last Name _____ Phone # _____

How did you hear about Dr. John's Sports Center? _____

May we add you to our monthly Dr. John's Corner Newsletter? Y or N

May we contact you to be a volunteer for our Children's Recreational Leagues? Y or N

Medical Waiver: I fully understand that Dr. John's Sports Center staff members are not physicians or medical practitioners of any kind. I hereby release Dr. John's Sports Center staff to render temporary first aid to my child, or children, in the event of any injury or illness, and if deemed necessary to call and seek medical help, including transportation by a Dr. John's Staff member or it's representatives, whether paid or volunteer, to any health care facility or hospital, or the calling of an ambulance for said child should Dr. John's Sports Center staff deem this to be necessary and I give my consent for any and all medical treatment.

Waiver: I recognize the risks and hazards associated with the sport play and my child may suffer injuries, possibly minor, serious or catastrophic in nature. This includes transportation to and from activities. I further agree to encourage my child to follow all the safety rules and the coaches' instruction. Dr. John's Sports Center coaches and other staff members will not accept responsibility for injuries sustained by any child or participant during the course of sports activities or open workouts, or in the course of any exhibition, competition, or clinic in which may or may not be located on our property. My executors, and other representatives, and I waive and release all rights and claims for damages that my child or I may have against Dr. John's Sports Center and or its representatives whether paid or volunteer. I also affirm that I now have and will continue to provide proper hospitalization, health and accident insurance coverage, which I consider adequate for both my child's protection and my own protection.

Photo Release: I give my permission to allow Dr. John's Sports Centers Center to use pictures that may be taken of my child(ren) in any flier, brochure or publication.

Parent Signature _____ Date _____

Participants Signature _____ Date _____