



Registration Form

Sport(s) participating in: _____

T-Shirt Size (circle one) ys(4-6) ym(8-10) yl(12-14) as am al axl axxl axxxl

Shorts size (circle for cheerleading only) ys(4-6) ym(8-10) yl(12-14) as am al axl

Child's Name: _____ Age: _____ Birthday _____

Parent or Caregiver's Name: _____

Street Address: _____ City/State: _____ Zip Code: _____

Home Phone Number: _____ Work/Cell Phone Number _____

Email Address: _____ Family Physician: _____

Other person to contact in case of emergency: _____ Relationship to player: _____

Emergency Contact Phone #: _____

Specific Medical Allergies, Chronic Illnesses, or other conditions _____

Date of minor's last Tetanus shot _____

Church your family is attending: _____

How many years has your child played this sport? _____

Would you be interested in helping with any of the following: score keeping, coaching, concession, refereeing, other? (please circle the area or areas you are interested in)

MEDICAL RELEASE:

In absence of an authorized parent or guardian of my child, I hereby authorize Sponsoring Church to obtain medical treatment for the above-mentioned child as a result of accident or injury while participating in Pray then Play Sports activities. This is to include any emergency first aid or medical care by any physician, hospital or attendant, which is deemed necessary by, said physician, hospital or attendant as a result of involvement in Pray then Play Sports activities.

I hereby give my permission to the physician selected by the adult leader in charge to secure proper treatment, which may include hospitalization, anesthesia, surgery, or injections of medication for my child.

I/we as parent(s)/legal guardian(s) as primary carriers, do assume all costs for necessary medical treatment as needed and allowed in this authorization form. In order to simplify this process, our insurance carrier is _____ plan/policy number _____.

PHOTO RELEASE:

This document also serves as a release for my child to appear in photographs and/or videotapes while participating in the above stated sports league for the purposes of publicity, staff training, and/or promotion.

Date: _____ **Signature of Parent or Guardian:** _____