

_____ Baseball
_____ Soccer
_____ Basketball
_____ Softball

Onalaska Youth Sports Association

cash _____
check _____
bal. due _____

Registration Fee Per Player _____

Player's Age _____ DOB _____ Shirt Size- Youth Small _____ Youth Med _____

Youth Lg. _____ Adult Small _____ Adult Med _____ Adult Lg. _____ Adult XL _____

Player's name **exactly** as shown on birth certificate: _____

Player's last year team/coach: _____

Parent's Name(s): _____

Physical Address: _____ Home Phone: _____

Mom's Wk. Phone: _____ Dad's Wk. Phone: _____

Other Emergency Number: _____ Cell Phone: _____

Comments: _____

E-mail Address: _____ Are you interested in coaching a team? Yes No

Release for Injuries

I hereby assume all risks and hazards incidental to my child's participation in the Onalaska Youth Sports Association, including transportation to and from activities. I waive, release, absolve, indemnify, and agree to hold harmless the Onalaska Youth Sports Association, the organizers, supervisors, umpires, directors, participants, and persons transporting my child to or from such activities from any claims arising out of injury to my child.

X _____
Parent/Guardian

Date

The Parent/Guardian whose signature appears below does hereby consent to any and all medical and surgical treatments, including anesthesia and operations which may be deemed advisable by my child's physicians and or surgeons. This intent is to grant authority to administer and perform all and singularly, any examinations, treatments, anesthetics, operations, and diagnostic procedures which now or during the course of my child's care be deemed or advised necessary. I also agree that my child, when admitted, is to remain in the hospital until his physician recommends discharge. In witness of my consent and agreement to the matters stated above, I have subscribed my signature below. I also grant permission to manager/ and or coaching personal, or other league representative or tournament official to authorize and obtain medical care and treatment from any licensed physician, hospital or medical clinic, including major surgery, deemed necessary by a duly licensed physician. Should my child become ill or injured while participating in tournament activities away from home or at other times when neither parent nor guardian is available to grant permission for emergency treatment.

X _____
Parent/Guardian

Child's allergies/drugs/others

Family Health Insurance

Company Name

Family Doctor
