

INNER CITY YOUTH SPORTS LEAGUE PROGRAM

Youth Sports Team Registration Form

Fee \$25.00 per child, each additional child \$10.00

Sport: _____

Participant Name: _____ Sex ____ Birthday __/__/__

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Height: _____ Weight: _____

School: _____ Grade: _____ District: _____

Special Health Needs: _____

Emergency Contact

Parent/Guardian Name: _____ Phone _____

Home Phone: _____ Cell Phone: _____

Emergency Contact Person: _____ Relationship: _____

I give my son/daughter _____ permission to participate in recreation programs. I understand safety and precautions will be provided. I waive all responsibility of Unity C.D.C and participating churches and organization for any and all injuries my child may sustain while participation in the summer league. Unity C.D.C will not be responsible for transportation to and from the league game and practices. In case of injury I give my permission to youth director / or assigned councilor to administer first aid and contact emergency services for my child.

