

LUDLOW YOUTH SPORTS REGISTRATION FORM

Email: ludlowrecreation@tds.net Phone: (802) 228-2655

SPORT: Please Check one: Soccer _____ Basketball _____ Baseball/Softball _____ Other _____

PLAYER INFORMATION

First Name: _____ Last Name: _____

Birthdate: _____ Male Female Age: _____
month day year

Street Address: _____ Mailing Address: _____
if different *Birthday as of May 1st, 2018 _____

City: _____ State: _____ Zip Code: _____ *For Baseball Please Check 9-10 Div. _____

Telephone Number: _____

E-Mail Address: _____

List any medical problems or prohibitions player may have:

- | | | |
|---------------------------------------|--|-------------------|
| GRADE | SHIRT SIZE | 11-12 Div. |
| <input type="checkbox"/> Kindergarten | <input type="checkbox"/> Youth Small | |
| <input type="checkbox"/> First | <input type="checkbox"/> Youth Medium | |
| <input type="checkbox"/> Second | <input type="checkbox"/> Youth Large | |
| <input type="checkbox"/> Third | <input type="checkbox"/> Adult Small | |
| <input type="checkbox"/> Fourth | <input type="checkbox"/> Adult Medium | |
| <input type="checkbox"/> Fifth | <input type="checkbox"/> Adult Large | |
| <input type="checkbox"/> Sixth | <input type="checkbox"/> Adult X-Large | |

PARENT/GUARDIAN INFORMATION

Father's Name: _____ Home Phone: _____ Work Phone: _____

Mother's Name: _____ Home Phone: _____ Work Phone: _____

Person to notify in an emergency: _____ Telephone: _____

Doctor to notify in an emergency: _____ Telephone: _____

IMPORTANT

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the USYA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with sports programs and activities (the "Programs"). I hereby release, discharge and/or otherwise indemnify the USYSA, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and 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's Name: _____

Parent's Signature: _____ Date: _____

PARENTAL SUPPORT

We ask for active participation of all parents in our program. Please check the area(s) in which you would be willing to help.

- Coach
 Assistant Coach
 Referee
 Other: _____

CONSENT FOR MEDICAL TREATMENT (minor)

As the parent or legal guardian of the above-named player, I hereby give 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.

Signature: _____

OFFICIAL USE ONLY

Player Fee: _____

Registration Date: _____

Received by: _____

- Cash Check
Check #: _____

Grades:	Season Sports Registration Fee:
5/6.....	\$40 Ludlow Residents & \$45 Non-Resident
3/4.....	\$40 Ludlow Residents & \$45 Non-Resident
1/2.....	\$35 Ludlow Residents & \$40 Non-Resident
K.....	\$30 Ludlow Residents & \$35 Non-Resident

Sign-ups before August 10th will receive a discount of \$5 per person