Westport Youth Commission Registration 2014-2015 Season

Player Information (please print legibly)					Grade			male	female
Legal Name (Last, First MI) must match birth certificate			 Date of	Date of Birth			Age		
Address /				Town/				Z	ip Code
Parent/Guardian				Home F	hone	Cell Pho	ne	Work Pho	ne
Email Address				Emerge	Emergency Contact (other than parent/guardian) Phone Nu				
Physical Examinal, the Parent/Guardian of I, the Parent/guardian, b sport activities offered the without a physical examinal WYC.	f this child, b elieve there nrough the W nation. I und	elieve to the is nothing ph /YC. I, the gu	ysically or emo uardian hereby	otionally wrong water give my approvensibility to proving the management of the mana	vith my child al for my chil	that would in d to participa	nterfere with his te in the upcomi	her particip ing 2014-201	ation in .5 season
Parent/Guardian Signati	ıre		1	Date					
Parent/Guardia			_		/ \				
Please initial next to	each acti	Dance	icate permi	Ssion for part Basketball	icipation i	n the activi	ty during the	Baseball	<u>5 season:</u>
Initial	Initial	Bunce	Initial	Busicetbuil	Initial	1 111111111111111111111111111111111	Initial	_ Daseball	
Down Hill S	ki Program	*please sig	n below to indi	icate transportat	ion permissio	on			
I am the parent/guardian and from the Youth Com	mission Dow	nhill Ski Prog	gram trips.		ate		h Commission to		
Parent/Guardian Signatu									
Athletic Code of Communication Westport Youth Commis Parental Medical To coach to seek appropriate licensed physician, to see the above named child.	Freatmen e medical atture appropr	t Authori tention. By s	(<mark>initial)</mark> Z ation: In tl signature <mark>belov</mark>	ne event of injury	to my child,	, I hereby grai ysician or me	(player signature) nt authority to the dical professional	re) ne WYC staff al under supe	or volunteer ervision of a
Equipment Liabilit immediately after the pr condition stated above a(initial)	ogram that is	s currently in	operation is c	ompleted. I und	erstand that	failure to retu	ırn the equipme	nt/jersey in	the
Photo release: I un promotional purposes.		d agree that (initial)	any photograp	ohs taken during	a WYC spons	sored activity	may be used at	the discretio	n of WYC for
Waiver: I, the parent, Commission activities du consideration of my child transportation to and fro Commission, the Westpo of negligence or injury to I have read, understand	ring the curr I being allow Im such activ Int Town Boa Imy child to	ent season. ed to partici rities, and I d rd, participa the fullest ex	I understand t pate, I assume o hereby waive nts, volunteers ctent permitte	hat these activiti all risks and haza e, release, absolv and persons tra	es may resul [.] ards incident e, indemnity	t in serious in al to such par and agree to	iury and/or pern ticipation knowi hold harmless \	nanent disab n and unknov Westport You	oility. In wn including uth
,	3	,		Parental	/Guardian Si	ignature		Date	

Westport Youth Commission Health Assessment 2014-2015 Season

Player Information (please print legibly)			male female
Legal Name (Last, First MI) must match birth certificate	Date of Birth	Age	
Address /	Town/		Zip Code
Parent/Guardian	Home Phone	Cell Phone	Work Phone
Email Address	Emergency Contact	(other than parent/guardian)) Phone Number
Primary Care Physician	Phone number	916	
Please do	not leave questions blank		
Any Allergies to any Medications?			
Any allergy to food (if so, what kind of reaction)?		V	
Any allergy to other (ie. bees) (if so what kind of reaction))?		
Immunizations Up to Date? YES NO last tetan	us booster date		
Does your child take any medications? If so, please list th			
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	77 1 / 1 / 1 / 1		
Any medical condition the Youth Commission stated that would affect his/her participation in a sport?			edical emergency or
		Worker	
Official Authorization Follows:			
I(parent/legal guardian),	recognize	while participating in thi	s recreation
program, medical treatment on an emergency basis n	na <mark>y be necess</mark> ary for m	y child, and I further rec	ognize that the WYC
may be unable to contact me for my consent for eme	-	•	
care, including hospital care as deemed necessary und			
authorize the medical facility to release any and all in authorize insurance payment directly to the medical f		complete insurance clair	ns and also
I understand that the information contained in this fo		uth Commission staff an	d volunteers and
understand that this information is available off hours			
Parental/Guardian Signature		Date	