

____ Fall __ Winter ____ Spring __ Summer

Boys and Girls Ages 5 to 13

SPORTS REGISTRATION

Child's Name		Sport			
Address				·····	е
ity Zip		Date of Birth			
School		Grade	Male	Female	
Cell Phone ()		Home Phone ()		- е
E-mail Address		AM			
Emergency Contact				nirt size not	
Emergency Phone ()		My child has experienced a concussion on or off the premise. My child will not be allowed to participate in any activates without medical clearance			

Assumption of Risk, Release and Indemnity Agreement

I confirm that my child ________ is in good physical condition and that I understand the nature of the activity in which he/she will participate. In consideration of my acceptance into this Program, I hereby assume all responsibility for any and all personal injuries, including death and property damage, which he/she may suffer during or as a result of his/her participation in this Program. Further, for my child, my child's personal representative, heirs and next of kin, I release and agree to indemnify the YES Sports Club, Wilson Middle School, Pasadena Unified School District, the Boy's & Girl's Club, the Coaches, Assistant Coaches, Team Parents and anyone who is associated with this Program from any loss, claim, liabilities or damage arising out of my child's participation in this Program. I have read and understand and now sign this Assumption of Risk, Release and Indemnity Agreement.

Parent/Guardian's Signature

Date Signed

Register By Mail

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Make Check Payable to YES Sports

1024 Royal Oaks #309 Monrovia, Ca. 91016

Jeff Brown, Sports Coordinator (626) 482-1702