

# SPORTS REGISTRATION

STERLING HOUSE COMMUNITY CENTER

USE BALL POINT PEN. PRINT CLEARLY AND PRESS FIRMLY

PLAYER'S LAST NAME, FIRST NAME, MIDDLE INITIAL, PREFERRED NICKNAME, HOME PHONE, DATE OF BIRTH, AGE  
 STREET, TOWN, STATE, ZIP, SCHOOL, GRADE (DURING SEASON)  
 PARENT/LEGAL GUARDIAN #1, EMPLOYER, BUSINESS PHONE, RACE (for United Way purposes)  MALE  FEMALE  
 White  Black  Hispanic  Asian  OTHER  
 PARENT/LEGAL GUARDIAN #2, EMPLOYER, BUSINESS PHONE, Parent is willing to coach  mother  father  
 head coach  assistant coach with \_\_\_\_\_  
 EMERGENCY CONTACT PERSON OTHER THAN PARENT, Parent requests that child plays "up" in older age group if able   
 RELATIONSHIP, PHONE, PARENT'S E-MAIL, PARENT'S CELL PHONE



Does your child have any allergies, medical problems, interests or behavior characteristics the staff should know.

Is your child on any medications?  YES  NO  
If YES, What? \_\_\_\_\_

\* TEAM OR COACH I REQUEST TO BE ASSIGNED TO \_\_\_\_\_

\* FRIEND'S NAME I REQUEST TO BE A TEAMMATE WITH \_\_\_\_\_

\* Please know that every effort is made to accommodate special requests, but sometimes they are not always possible.

**PLEASE SIGN THE AGREEMENT BELOW**

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of Sterling House, its athletic program, its affiliated organizations and sponsors and will adhere to and support the Sterling House Good Sportsmanship Guidelines. Recognizing the possibility of physical injury associated with sports and in consideration for Sterling House accepting the registrant for its sports programs and activities, I hereby release, discharge and/or otherwise indemnify Sterling House, 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.

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

X \_\_\_\_\_ / /  
SIGNATURE OF PARENT OR GUARDIAN DATE

**OFFICE USE ONLY**

Soccer  Fall  Spring  Instructional  Travel  
 Start Date \_\_\_\_\_  
 Basketball  League  High School  Instructional  Travel  
 Start Date \_\_\_\_\_ / Time \_\_\_\_\_  
 Tennis   
 LaCrosse   
 Other  \_\_\_\_\_

Payment Type:  Cash  Check  VISA/MC  AMEX  
 Registration Fee \$ \_\_\_\_\_  
 Membership Fee \$ \_\_\_\_\_  
 Custom Fit Mouth Guard \$ \_\_\_\_\_  
**TOTAL DUE** \$ \_\_\_\_\_

# \_\_\_\_\_ / /  
 RECEIPT NUMBER BY DATE