

# Central Linn Recreation Association Youth Sports Program

**Need Based Scholarships are available upon request.**

Last Name: \_\_\_\_\_ Male / Female

Grade: \_\_\_\_\_

First Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Shirt Size: (Circle one) **Youth:** SM MED LG XLG

**Adult:** SM MED LG XLG

## Check the Sport

- |                          |                       |
|--------------------------|-----------------------|
| <input type="checkbox"/> | Football (var. price) |
| <input type="checkbox"/> | Volleyball (\$30)     |
| <input type="checkbox"/> | Soccer (\$30)         |
| <input type="checkbox"/> | K-2 Basketball (\$25) |
| <input type="checkbox"/> | 3-6 Basketball (\$30) |
| <input type="checkbox"/> | T-ball (\$25)         |
| <input type="checkbox"/> | Softball (\$30)       |
| <input type="checkbox"/> | Baseball (\$30)       |

Parent's Name(s) \_\_\_\_\_

Email Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Other Emergency Contact Name (required): \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Special emergency instructions: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Hospital: \_\_\_\_\_

Allergies or other restrictions: \_\_\_\_\_  
\_\_\_\_\_

(continue on back)

***I hereby give permission for the above child to participate in any sports or activities taking place under the supervision of the Central Linn Recreation Association. I release the Central Linn Recreation Association and staff from any responsibility should injury result.***

***I also give authorization for initial medical treatment if necessary.***

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date