

Youth Sports Application - Central Linn Recreation Association

Participant Information

Last Name _____ First Name _____

Date of Birth _____ Grade _____ Male ___ Female ___

Parent's Names _____

Address _____

Home Phone _____ Cell Phone _____

Work Phone _____ Email _____

Emergency Contact Information

Name _____ Relationship _____

Home Phone _____ Cell Phone _____

Emergency Instructions Including Allergy or Other Restrictions

Family Doctor _____ Phone _____

Hospital _____

Sport (circle one)

Flag Football \$40.00

Tackle Football \$TBA

Soccer Clinic K-2nd \$25.00

Soccer 3rd - 6th \$40.00

Basketball Clinic K-2nd \$ 25.00

Basketball 3rd - 6th \$ 40.00

T-Ball 4 yr- Kindergarten \$25.00

Coach Pitch 1st -2nd \$40.00

Softball 3rd - 6th \$40.00

Baseball 3rd - 6th \$40.00

Volleyball \$40.00

Other _____

Participant's

Shirt Size (circle one)

Youth: Sm Med Lg XL

Adult: Sm Med Lg XL

Payment Information

Paid Cash _____ Paid Check # _____ Deferred Payment (Pre-Approval Only) _____

Scholarship (Must fill out form and attach to this application) _____

Consent: I hereby give permission for the above named youth to participate in any sport or activities taking place under the supervision of the Central Linn Recreation Association. I release the Central Linn Recreation Association and their volunteers from any responsibility should any accident or injuries occur.

Parent's Signature: _____ Date: _____