

**SPORTS REGISTRATION
ALL SPORTS**

Parent (Guardian) Last Name:	
Parent (Guardian) First Name:	
Email Address:	
Phone Number:	
Address	
City, State and Zip Code	

Optionally

Second Parent (Guardian) First Name	
Second Parent (Guardian) Last Name	

Child Information

Child Last Name	
Child First Name	
Date of Birth:	Age:
Gender	Child's Grade

Register for the following sport:	<input type="checkbox"/> T-Ball	<input type="checkbox"/> Baseball	<input type="checkbox"/> Softball	<input type="checkbox"/> Basketball	<input type="checkbox"/> Football	
Jersey Size:	<input type="checkbox"/> Youth Small	<input type="checkbox"/> Youth Medium	<input type="checkbox"/> Youth Large	<input type="checkbox"/> Adult Small	<input type="checkbox"/> Adult Medium	<input type="checkbox"/> Adult Large
Child's Skill Level	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced			

Let us know if you would like to volunteer. Check all that apply.

<input type="checkbox"/> Coaching	<input type="checkbox"/> Team Mom	<input type="checkbox"/> Cheerleaders	<input type="checkbox"/> Concession Stand	<input type="checkbox"/> Game Stats (Records)	<input type="checkbox"/> Other (explain below)
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AGREEMENT

I understand that all athletic & recreational programs/activities involve some risk of accident and may result in serious injuries and that protective equipment does not prevent all injuries to players. I hereby waive, release, absolve, indemnify and agree to hold harmless Lakeside Youth Association, any school/facility that permit Lakeside Youth Association authorized agent(s) harmless from any liability, claims, demands and judgments arising at any time when I and/or my minor child participate(s) in any program activity.

I authorize Lakeside Youth Association or its authorized agent(s) to act in my behalf, to authorize medical treatment to, upon, or for the benefit of myself and/or minor child, for any minor injuries which may occur from our participation in the Lakeside Youth Association sports. I recognize that such treatment shall be my full responsibility. In the event of a more serious injury that may require emergency medical treatment, I authorize such personnel to see that myself and/or my minor child is transported to and treated at the nearest medical facility, with the related expenses being my full responsibility.

The information I have provided is true and accurate. Yes No

My signature is confirmation I agree to the terms and conditions on the registration form:

Printed Name	Signature
I am the child's <input type="checkbox"/> parent <input type="checkbox"/> legal guardian	Date:

Mail the completed form and an \$80 check or money order payable to "Lakeside Youth Association" to Lakeside Youth Association, 4800 Swan Rd, Chattanooga, TN 37416.