

Youth Sports Registration

For office use only



Child's Name: _____ Gender: _____ Birth Date: _____ Grade: _____

Address: _____ Email: _____

Home Phone: _____ Cell Phone: _____

Father's Name: _____ Occupation/Rank: _____

Organization/Unit: _____ Work Ph.: _____

Mother's Name: _____ Occupation/Rank: _____

Organization/Unit: _____ Work Ph.: _____

Uniform Size *(Please circle appropriate sizes)*

Shirt: Youth Small Youth Medium Youth Large Adult Small Adult Medium Adult Large Adult XL

Pants: Youth Small Youth Medium Youth Large Adult Small Adult Medium Adult Large Adult XL

EMERGENCY CONTACTS: *(Other than parent/guardian)*

These people may be called in an emergency to act on my behalf if I am unavailable:

Name: _____ **Relationship** _____

Home Phone: _____ **Work Phone:** _____

Name: _____ **Relationship** _____

Home Phone: _____ **Work Phone:** _____

MEDICAL TREATMENT UNDERSTANDING:

In the event that my child exhibits signs of illness or injury, I understand the Youth Sports representatives will contact me immediately so that I can obtain medical treatment for my child. In the event I cannot be immediately contacted, I understand that contact will be made with either of my listed emergency contacts so that they can obtain medical treatment for my child. If contact cannot be made with my listed emergency contacts, I appoint the Activities supervisor and Medical Personnel at the Kaneohe Dispensary, Tripler Army Hospital or Preventive Medicine to obtain medical treatment deemed necessary by Medical Department personnel until I can be contacted.

Signature of Releaser: _____ Date _____

(Parent/Guardian)

MEDICAL INFORMATION: () PLEASE CHECK IF CHILD HAS SPECIAL NEEDS

Medications: _____ Allergies: _____