

City of Colton – Community Services Department
TOT SPORT REGISTRATION FORM

Please print & fill out completely				SPORT <input type="checkbox"/> Basketball <input type="checkbox"/> Soccer <input type="checkbox"/> Flag Football <input type="checkbox"/> T-Ball			
LAST NAME _____			FIRST _____				
ADDRESS _____			CITY _____			ZIP _____	
DAY PHONE _____		EVENING PHONE _____		EMERGENCY PHONE _____			
AGE _____		DATE OF BIRTH _____		DIVISION _____		GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	
PARENT NAME _____			SIBLING NAME(S) & DIVISION _____				

**** Please read and sign below****

My child has permission to play in the City of Colton Youth Sports Program. Further, I hereby agree to indemnify and hold harmless the City of Colton and its officers, agents and employees from any liability or claim or action for damage resulting from or in any way arising out of participation in this program by the person or persons registered above. Furthermore, I give the City of Colton, its officers, agents and employees permission to obtain medical treatment for the undersigned participants in the event of accident or illness. Participants permit the taking of photos of themselves and/or their minor children by the City of Colton during recreational activities to be used in City publications and/or websites.

T-SHIRT SIZE (Check One)			
YOUTH		ADULT	
	Small (6-8)		Small (32-34)
	Medium (10-12)		Medium (36-38)
	Large (14-16)		Large (40-42)
			XL (44-46)

Signature of Participant or Parent/Guardian _____ Date _____

IN CASE OF EMERGENCY, PLEASE NOTIFY: (Please provide name & phone other than one listed above)

Name _____ Phone _____

For Office Use Only					
Amt Paid _____	Receipt # _____	Date Logged _____	Birth Certificate _____	<input type="checkbox"/> Cash <input type="checkbox"/> Check No. _____	Staff Initial _____

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