

# YOUTH SPORT REGISTRATION FORM

Please print & fill out completely

LAST NAME \_\_\_\_\_ FIRST \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_  
 DAY PHONE \_\_\_\_\_ EVENING PHONE \_\_\_\_\_ EMERGENCY PHONE \_\_\_\_\_  
 AGE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ DIVISION \_\_\_\_\_ GENDER  Male  Female  
 PARENT NAME \_\_\_\_\_ ANY SPECIAL REQUEST & 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	
<input type="checkbox"/>	Small (6-8)	<input type="checkbox"/>	Small (32-34)
<input type="checkbox"/>	Medium (10-12)	<input type="checkbox"/>	Medium (36-38)
<input type="checkbox"/>	Large (14-16)	<input type="checkbox"/>	Large (40-42)
		<input type="checkbox"/>	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 \_\_\_\_\_  Cash  Check No. \_\_\_\_\_ Staff Initial \_\_\_\_\_

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