

Fennville Community Recreation Youth Sports Registration

Participant's Name: _____ Age: _____

Date of Birth: _____ Gender: Male Female

League: _____ Grade: _____

Parent/Guardian Name: _____

Address: _____

Phone (home): _____ (work): _____ (emergency): _____

Any known medical conditions? _____

Insurance Carrier: _____

Company Name: _____

Shirt Size YM YL AS AM AL AXL

Interested in Coaching? Yes No Name: _____

Email: _____ Shirt Size: _____

Participants may be disciplined for conduct outside of Fennville Community Recreation, such as, but not limited to: failing grades, suspension from regular school activities, fighting, or serious school handbook violations. Lack of effort and or respect for teammates, coaches and officials may also result in discipline up to and including dismissal from the program. We expect our parents to encourage the participants to practice good sportsmanship, teamwork, fair play and effort. If our participants succeed at doing that, they will be winners regardless of the win-loss record.

I hereby certify that it is with full knowledge and consent that my child, _____, take part in the Fennville Community Recreation during the 2009-2010 season. I will not hold Fennville Public Schools, Fennville Community Recreation, any teams, coaches, managers, sponsors or anyone connected with the conference responsible for death or injury that my child might sustain in practice, game play or while being transported to and from practices or games. Furthermore I will not hold anyone responsible for any medical aid administered to my child should they be injured in practice, game play or while being transported to and from practices or games. While physicals are not required, we encourage them.

Parent/Guardian Signature: _____

Date: _____

MAIL TO: Fennville High School, 4 Memorial Dr., Fennville, MI 49408 ATTN: Community Recreation