

SPORTS REGISTRATION

STERLING HOUSE COMMUNITY CENTER, INC.

USE BALL POINT PEN. PRINT CLEARLY AND PRESS FIRMLY

PLAYER'S LAST NAME, FIRST NAME, MIDDLE INITIAL, PREFERRED NICKNAME, HOME PHONE, DATE OF BIRTH, AGE

STREET, SCHOOL, GRADE (DURING SEASON)

Address has changed since last registration.

TOWN, STATE, ZIP

PARENT / LEGAL GUARDIAN #1, RACE (for United Way purposes), MALE, FEMALE, White, Black, Hispanic, Asian, OTHER

EMPLOYER, BUSINESS PHONE

Parent is willing to coach, mother, father

PARENT / LEGAL GUARDIAN #2

head coach, assistant coach with

EMPLOYER, BUSINESS PHONE

Parent requests that child plays "up" in older age group if able

EMERGENCY CONTACT PERSON OTHER THAN PARENT



RELATIONSHIP, PHONE

PARENT'S E-MAIL, PARENT'S CELL PHONE

* TEAM OR COACH I REQUEST TO BE ASSIGNED TO

Does your child have any allergies, medical problems, interests or behavior characteristics the staff should know.

* FRIEND'S NAME I REQUEST TO BE A TEAMMATE WITH

Is your child on any medications? YES NO

* Please know that every effort is made to accommodate special requests, but sometimes they are not always possible.

If YES, What?

PLEASE SIGN THE AGREEMENT BELOW

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of Sterling House, its athletic program, its affiliated organizations and sponsors and will adhere to and support the Sterling House Good Sportsmanship Guidelines. Recognizing the possibility of physical injury associated with sports and in consideration for Sterling House accepting the registrant for its sports programs and activities, I hereby release, discharge and/or otherwise indemnify Sterling House, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs.

As the parent or legal guardian of the above-named player, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

X SIGNATURE OF PARENT OR GUARDIAN, DATE

OFFICE USE ONLY

Soccer, Fall, Spring, Instructional, Indoor, Start Date

Payment Type: Cash, Check, VISA/MC, AMEX, Discover

Basketball, League, High School, Instructional, Start Date

Registration Fee, Membership Fee, Custom Fit Mouth Guard, TOTAL DUE

Flag Football, LaCrosse, Other

RECEIPT NUMBER, BY, DATE