Sterling House COMMUNITY CENTER

SPORTS REGISTRATION FORM

2283 MAIN STREET
STRATFORD, CT 06615
203.378.2606
www.sterlinghousecc.org

PLAYER'S LAST NAME, FIRST NAME, MI *NICKNAME*

HOME PHONE DATE OF BIRTH AGE

STREET

SCHOOL GRADE (DURING SEASON)

TOWN, STATE, ZIP

☐ ADRESS HAS CHANGED SINCE LAST REGISTRATION

PARENT/LEGAL GUARDIAN #1 NAME

☐ MALE ☐ FEMALE

E-MAIL CELL PHONE

ETHNIC BACKGROUND:
☐ ASIAN ☐ BLACK ☐ CAUCASIAN ☐ HISPANIC ☐ OTHER

EMPLOYER BUS PHONE

INCOME LEVEL:
☐ UNDER $45,850 ☐ $45,850-68,000 ☐ OVER $68,000

PARENT/LEGAL GUARDIAN #2 NAME

E-MAIL CELL PHONE

EMPLOYER BUS PHONE

EMERGENCY CONTACT PERSON OTHER THAN PARENT

RELATIONSHIP PHONE

DOES YOUR CHILD HAVE ANY ALLERGIES, MEDICAL CONDITIONS, OR CHALLENGES THAT THE STAFF SHOULD BE AWARE OF?

DOES YOUR CHILD TAKE ANY REGULAR MEDICATIONS? __YES __NO

IF YES, PLEASE LIST:_____

☐ PARENT WOULD LIKE TO COACH ☐ MOTHER ☐ FATHER

☐ HEAD COACH ☐ ASSISTANT COACH WITH_____

☐ PARENT REQUESTS THAT CHILD PLAY "UP" IN OLDER AGE GROUP IF ABLE

SHIRT SIZE

TEAM OR COACH I REQUEST TO BE ASSIGNED TO*

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

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

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 field 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_____

BASKETBALL ☐ League ☐ High School
☐ Instructional
Start Date_____

OTHER:_____

PAYMENT TYPE: ☐ CASH ☐ CHECK
☐ VISA/MC ☐ AMEX ☐ DISCOVER

Registration Fee	$
Membership Fee	
TOTAL DUE	$

_____ MEMBERSHIP EXP

#_____ RECEIPT NUMBER

_____ BY _____ DATE