

# YOUTH SPORTS REGISTRATION FORM



Account Main Contact Name - Parent/Legal Guardian		
Last Name:		First Name:
(Circle) Mr.   Ms.   Mrs.	(Circle) Male   Female	Home Phone with area code: (    )
Email:		Work Phone with area code: (    )
Address:		<input type="radio"/> City of Maricopa Resident <input type="radio"/> Non-Resident
Emergency Contact Name:		Phone: (    )

Sport Selection/Age Group	
Basketball	<input type="radio"/> Ages 4-5 <input type="radio"/> Ages 6-8 <input type="radio"/> Ages 9-11 <input type="radio"/> Ages 12-14
Soccer	<input type="radio"/> Ages 4-5 <input type="radio"/> Ages 6-8 <input type="radio"/> Ages 9-11 <input type="radio"/> Ages 12-14
Baseball	<input type="radio"/> T-ball Ages 4-6 <input type="radio"/> Coach Pitch Ages 7-8
Flag Football	<input type="radio"/> Ages 4-5 <input type="radio"/> Ages 6-8 <input type="radio"/> Ages 9-11 <input type="radio"/> Ages 12-14
ASA Softball	<input type="radio"/> 10U <input type="radio"/> 12U <input type="radio"/> 14U <input type="radio"/> 16U

I am interested in coaching  Yes    No

Player Information			
Player Name:		School Name:	
Gender Male   Female	Current Age	Date of Birth (xx/xx/xxxx)	Grade in School
Uniform shirt size (circle) YS YM YL AS AM AL AXL		Uniform shorts size (circle) <i>provided for soccer only</i> YS YM YL AS AM AL AXL	
<b>Requests:</b>	Coach	Player	Team

## Signature:

*To the extent allowed by law, I hereby absolve the City of Maricopa, its employees, agents, independent contractors, and officers from all liability which may arise as the result of my/our participation in activities I or any member of my family attends or registers into; and, in the event that the above participant is a minor, I hereby give my permission for his or her participation as indicated and in doing so absolve the City of Maricopa, its employees, agents, independent contractors, and officers from such liability. I am aware that if I have registered for a class involving physical activity, I have taken care to enroll at a class level appropriate to my/our physical abilities and /or medical condition. I release use of my/our photos taken during program participation from all and any claims and demands resulting from their use in program publicity.*

*A signature is required by each adult participant registering on this form. One parent/guardian may sign for all minors on this account.*

Signature

Date

Return this form to:  
City Hall | 45145 W. Madison Ave. | Maricopa, AZ 85239