



Warhawknationyouthsports.org

Warhawk Nation Youth Sports

# participation registration

## Player Information

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Full name: |  |  |  | Date: |  |  |
|  |  | Last | First | M.I. |  |  |  |  |
| Address: |  |  |  | Phone: |  |  |
|  |  | Street address | Apt/Unit # |  |  |  |  |
|  |  |  |  | Email:  |  |  |
|  |  | City | State | Zip Code |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| DOB |  |  |  | Grade |  |  |  |  Shirt Size |  |  |
|  |  |  |
| Medical Allergies/Conditions |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Returning Player |  | Yes [ ]  | No [ ]  |  |  |
|  |  |  |

## Contact

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Emergency Contact |  |  |  | Address: |  |  |
|  |  |  |
| Cell |  |  |  | Work |  |  |  | Text Messages | Yes [ ]  | No [ ]  |  |
|  |  |  |
| Emergency Contact |  |  |  | Address: |  |  |
|  |  |  |
| Cell |  |  |  | Work  |  |  |  | Text Messages | Yes [ ]  | No [ ]  |  |
|  |  |  |
|  |

## Waiver of Liability Release Form

I am aware of the nature of this activity and I hereby assume responsibility for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Participant’s Name)

to participate and to be photographed for publicity purposes. I will not hold WARHAWK NATION YOUTH SPORTS and/or its volunteers/employees responsible in the case of accident or injury as a result of this participation. I understand that this completed form must be in the possession of WARHAWK NATION YOUTH SPORTS prior to participation in this program.

New Player fees are $250 which includes uniforms. Fees are due by DECEMBER 1ST 2024. If payment plan is needed please reach out to Rachel Payne (314)703-6423. No refunds will be issued after first practice.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Parent/Legal Guardian Signature: |  |  |  | Date: |  |  |

 FOR OFFICE USE ONLY

AMOUNT PAID\_\_\_\_\_\_\_\_\_\_\_ ( ) CASH ( ) DIGITAL \_\_\_\_\_\_\_\_\_ RECIEPT $ \_\_\_\_\_\_\_\_ RECEIVED BY \_\_\_\_\_\_\_\_\_\_\_ DATE\_\_\_\_\_\_\_\_\_\_\_\_