

All 4 the Kids Sports Association

Empowering Youth through Sports & Education

Registration Form



Player Information

Name (First, Middle, Last)	FIRST	MIDDLE	LAST
Date of Birth			
Address: City, Zip Code			
Home Phone			Cell Phone
Emergency Contact #1			Phone#
Emergency Contact #2			Phone#
School			Grade
Please List Any Medical Conditions (Allergies, Asthma, Etc.)			
Family Medical Insurance:	Carrier:	Policy #	Group# #ID

Medical Consent Information Form

I certify that the participant is in excellent physical health and may participate in strenuous and hazardous physical activities. Permission granted for the minor child named on this form to receive emergency medical treatment, if needed. My child has permission to travel with a responsible adult to any **All 4 the Kids Sports Organization** sponsored function. _____ Initial (parent/guardian)

Image Release

I agree to allow **All 4 the Kids Sports Organization** to use the participant's photo and or name free of charge in any manner and any purpose without compensation to me or to the participant.
 _____ Initial (parent/guardian)

ALL PARTICIPATION FEES ARE NON-REFUNDABLE AND A \$30.00 FEE WILL BE ASSESSED ON ANY RETURNED CHECKS. I have read the League Rules/Code of Conduct for all PARENTS, COACHES, MEMBERS, and GUESTS. _____ Initial (parent/guardian)

Football:	\$60.00	_____ Age 5 through 14 years old
Basketball:	\$70.00	_____ 5 th through 8 th grade
Cheerleading:	\$40.00	_____ Kindergarten through 8 th grade
Baseball:	\$	_____ fee will be determined later
Semi-Pro Football	\$80.00	_____ 17 years – 25 years old

Payment Method: Cash Check _____ Check Number (Payment Plan will be available)

I AM THE PARENT/GUARDIAN OF THE PARTICIPANT, I HAVE READ THIS FORM AND AGREE TO ALL ABOVE. I FULLY UNDERSTAND AND FREELY SIGN THIS AGREEMENT.

 PARENT/GUARDIAN

 DATE