



Eden Youth Sports Committee
Youth Player Registration & Release Form

EYSC Use Only

Paid (Yes or No) _____
Cash/Check # _____
Amount: \$ _____

Player Information:

Player's Name: _____ M/F: _____ DOB: _____ Grade: _____

Sport Playing: (circle all) Baseball Soccer Cheerleading Basketball

Shirt Size: (circle one) Youth Small Youth Med. Youth Large Adult Small Adult Med. Adult Large

Short Size: (circle one) Youth Small Youth Med. Youth Large Adult Small Adult Med. Adult Large

Parent/Guardian Name _____

Address _____

City, State, Zip Code _____

Home/Cell Phone _____

E-mail _____

Medical Information:

Primary Insurance Company: _____

Policy Number/ Employer: _____

Know Allergies/ Other Medical Information: _____

Emergency Contact Information (other than parent(s)/guardian):

Name: _____ Phone#: _____

Name: _____ Phone#: _____

*** I hereby release, discharge and/or otherwise indemnify Eden Youth Sports Committee, its affiliated organizations and sponsors, their employees and associated personal, including the owners of the facilities utilized for the sports program, against any claim by or on behalf of the registrant's participation in the above sports programs.

***My child has received a physical examination by a physician and has been found physically capable of participating in sports programs identified above.

***Therefore, I grant Eden Youth Sports Committee permission to act on my behalf in the area of obtaining medical treatment by a doctor of medicine or dentistry. I also assume the financial responsibility for any medical treatment for my child.

Signature of Parent/Guardian: _____ Date: _____

Completed forms can be dropped off at ECS OR they can be left at the Eden Town Clerks Office