

Registration Form



www.InTheParkSports.com

Player Name: _____ Gender: **M F** Grade During Event: _____

Parent 1 or Player Name: _____ Parent 1 or Player Home Ph: _____

Parent 1 or Player Address: _____

Parent 1 or Player Cell: _____ Parent 1 or Player Email: _____

Parent 2 Name: _____ Parent 2 Home Ph: _____

Parent 2 Address: _____
(if different)

Parent 2 Cell: _____ Parent 2 Email: _____

Player shirt size: **Youth:** S M L / **Adult:** S M L XL Event: Spring Youth/ Spring 7on7/ Summer Camp/ Winter BxB Camp

<u>Medical Info for youth and high school only:</u> Birth date	Insurance Waiver: I hereby authorize the staff of In The Park Sports, LLC, its officers, agents, members and employees to act for me according to their best judgment in any emergency requiring medical attention and I hereby waive and release In The Park Sports, LLC, its officers, agents, members and employees and league from any and all liability for any injuries or illnesses incurred while participating in any league and any financial obligation for expenses incurred in carrying out emergency procedures and/or emergency transportation. <u>Parent Signature:</u> _____
Insurance Company	
Group Number	
Policy Number	

Preferred Hospital _____ Date: _____

Dr.'s Name _____ Can you help with: Coach - Team parent - Other - None

Dr.'s Phone _____ Please Register Online – preferred

Emergency contact other than parents _____ Mail-in Registration- optional (not complete until payment received)

Relationship and number _____ Mail form & check to: 13348 SE Touchdown Lane
Happy Valley, OR 97086
Make checks to: In The Park Sports

To register online, pay by credit card or more info:
www.InTheParkSports.com

ALL PLAYERS FILL OUT- Please list any known chronic conditions or medical needs that could hinder or prevent you/your child from participating:

NOTES TO LEAGUE: