

# TITAN YOUTH SPORTS REGISTRATION FORM

## **Boys & Girls Registration**

*Please fill out this form and return it to a coach on or before 2<sup>nd</sup> week of practice.*

Athlete Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Home #: \_\_\_\_\_ Work/Cell \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Home #: \_\_\_\_\_ Work/Cell \_\_\_\_\_

Parent e-mail address: \_\_\_\_\_

**Medical History:** Check **all** that are appropriate, or if your child has had any of the following:

Heart disease/trouble \_\_\_\_\_ Allergies \_\_\_\_\_

Fainting episodes \_\_\_\_\_ Allergic reactions to medicines \_\_\_\_\_

Asthma \_\_\_\_\_ Other (please explain) \_\_\_\_\_

Explanation of prior medical problems: \_\_\_\_\_

To the best of my knowledge, there are no physical or other conditions, which will interfere with my child participation.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### **Volunteer Support:**

Being an Asst. Coach \_\_\_\_\_ Helping with scorekeeping/clock \_\_\_\_\_

Helping with fundraising \_\_\_\_\_ Helping with a tournament \_\_\_\_\_

#### PRIVACY POLICY

Information collected on this form will be used solely for registration in the Titan Youth Sports program. We will not release or share information with other agencies or entities unless mandated by state or federal law, or a government agency.