Pd: Check# Cash Amount:

For Board Use Only

WHITE SALMON COMMUNITY YOUTH
SPORTS SIGN UP

Basketball and Soccer players get to keep their shirt!
Football Jerseys are available for purchase at season's end.

Please send checks (made payable to WSCY)
along with your registration to:
WSCY
P.O. Box 1746
White Salmon, WA 98672

Contact Chelsi Howard 637-4643 or chelsi.howard@insitu.com with any questions.

Sport/Player Fee: ☐ **Basketball $40.00**	**Birth Date:**	

Player Name: _____ Grade: _____

Male / **Female** **Shirt Size**: S M L XL AS AM AL AXL
(Circle one) (youth sizes) 2-4 6-8 10-12 14-16 (adult sizes)

Parent/Guardian Name:_____
(Please Print)

Mailing Address:_____
(Street/P.O. Box) (City) (State) (Zip)

Phone: _(_____)_____**E-mail**:_____@_____

Physician: _____ **Physician Phone**: _(_____)_____

Hospital Preference: _____

Significant past illness or injury: _____**Date**_____

Current on Tetanus Booster: **YES** **NO** **Other Medical Conditions**:_____
(Please circle one) (for more space, please list on back)

Emergency Contact Name:_____ **Phone #**_(_____)_____
(Other than Parent/Guardian – Parent/Guardian will always be contacted first)

☐ Yes, I would like to coach. Previous Coaching Experience: _____

I accept full responsibility for the cost of treatment for any injury which my child may suffer while participating in any White Salmon Community Youth program. I will not hold White Salmon Community Youth, their coaches, or the White Salmon Valley School District liable for sport related injuries.

In case of emergency I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, E.R. Physician).

Signature of Parent/Guardian:_____

ALL COACHES & VOLUNTEERS WILL BE SUBJECT TO A BACKGROUND CHECK.

Revised 5/09