

Pd: Check# Amount:	Cash	Weight:	Height:	Grade (fall 2010):	Sex: M F
For Board Use Only		Participant Respond Here Please			

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

Or bring registration with user fee to sign-ups at
Whitson Elementary School
On June 3, 4, 7 & 8
From 4:00 p.m. to 5:30 p.m.

Contact Tennille Sauter at (509) 493-2082 or tennilletrout@hotmail.com with any questions.

Sport/Player Fee:	<input type="checkbox"/> Basketball \$40.00	<input type="checkbox"/> Soccer \$40.00	<input type="checkbox"/> Football \$75.00
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Player Name: _____ **Shirt Size:** S M L XL
(Please circle one - youth sizes) 2-4 6-8 10-12 14-16

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: _____
- Yes, I would like to make a \$5 contribution to the scholarship fund (**NOTE:** Please include additional amount with registration fee – contributions go to North Side Community Scholarship fund for WSCY sports program fees)

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-