

Pd: Check# Amount:	Cash	<input type="text"/>	Grade (fall 2010):	Sex: M F
<b>For Board Use Only</b>		<b>Participant Respond Here Please</b>		

## WHITE SALMON COMMUNITY YOUTH SPORTS SIGN UP

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 &  
 White Salmon Ball Fields  
 June 1,2 5 – 7 pm

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: \_\_\_\_\_ Birth Date:

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-**