

Registration Form

Check Box if for TRAINING ONLY ☐

PLAYER INFORMATION: PLEASE PRINT

Player Name: _____

Player's Cell Number: _____ Cell Phone Provider: _____

Email Address: _____

Uniform Size: Shorts: _____ Jersey: _____ T-Shirt: _____ Shoes: _____

PARENT/LEGAL GUARDIAN INFORMATION:

Father's Name: _____

Father's Email: _____

Father's Cell#: _____ Cell Provider: _____

Mother's Name: _____

Mother's Email: _____

Mother's Cell #: _____ Cell Provider: _____

Emergency Contact Name & Numbers:

Name: _____ Phone: _____

Name: _____ Phone: _____

I CONSENT TO ALL EMERGENCY MEDICAL TREATMENT as may be deemed appropriate under existing circumstances by medical personnel or personnel associated with Young Ladies of Distinction, Inc. I do hereby waive, release, absolve, indemnify and agree to hold harmless Young Ladies of Distinction, Inc., owners, administrators and coaches, facilities used, and participants, for any and all claims arising out of injury to my daughter. I hereby authorize Young Ladies of Distinction, Inc. to facilitate transportation of my child to the nearest hospital or any medical establishment for emergency treatment in case of injury during participation if parents/legal guardians are not available. I will assume any and all financial responsibility.

Does your daughter have any medical or physical issues that the owners, administrators and coaches of Young Ladies of Distinction should be aware of? No _____ Yes _____ (List details) _____

Date:

Signature of Parent/Legal Guardian indicates understanding and agreement of participation consent of the above.

Parent/Legal Guardian Printed Name: _____