



All 4 The Kids Sports Association

Empowering Youth Through Sports & Education

Registration Form

First official sign ups: **April 12 - 18, 2010**
 Second sign ups: **May 10 - 15, 2010**
 Third sign ups: **June 14 - 19, 2010**

Will be held at Lorain Catholic
 760 Tower Boulevard, Lorain, Ohio 44052
 at: 6:00 p.m. - 8:00 p.m..

Player Information

Name (First, Middle, Last)	FIRST	MIDDLE	LAST	
Date of Birth				
Address City, Zip Code				
Home Phone			Cell Phone	
Emergency Contact #1			Phone#	
Emergency Contact #2			Phone#	
School			Grade	
Please List Any Medical Conditions (Allergies, Asthma, Etc.)				
Family Medical Insurance:	Carrier:	Policy #	Group#	#ID

Medical Consent Information Form

I certify that the participant is in excellent physical health and may participate in strenuous and hazardous physical activities. Permission granted for the minor child named on this form to receive emergency medical treatment, if needed. My child has permission to travel with a responsible adult to any **All 4 the Kids Sports** sponsored function. _____ Initial (parent/guardian)

Image Release

I agree to allow **All 4 the Kids Sports** to use the participant's photo and or name free of charge in any manner and any purpose without compensation to me or to the participant.
 _____ Initial (parent/guardian)

ALL PARTICIPATION FEES ARE NON-REFUNDABLE AND A \$30.00 FEE WILL BE ASSESSED ON ANY RETURNED CHECKS. I have read the League Rules/Code of Conduct for all PARENTS, COACHES, MEMBERS, AND GUESTS. _____ Initial (parent/guardian)

Tackle Football: 1st official sign-up \$45.00; 2nd sign-up \$50.00; 3rd sign-up \$55.00
 Payment Method: _____ Cash _____ Check _____ Check Number (Payment Plan will be available)

I AM THE PARENT/GUARDIAN OF THE PARTICIPANT, I HAVE READ THIS FORM AND AGREE TO ALL ABOVE. I FULLY UNDERSTAND AND FREELY SIGN THIS AGREEMENT.

 PARENT/GUARDIAN

 DATE

Send To: All 4 Kids Sports ~ P.O. Box 334 ~ Lorain, OH 44052