

Softball	Baseball	C-ball/Rookie	Basketball	Soccer	Football	Volleyball
\$90.00	\$90.00	\$90.00	\$90.00	\$90.00	\$100.00	\$90.00

Reeds Athletic Booster Club
Registration Form

Player Information (please indicate "call" name) Gender: **Male / Female**

Player's **Last** name **Middle** name **First** Name / /
Birth date

911 Street Address _____ **E-mail:** _____

City, State, Zip Code _____ Did the athlete identified above play before?
YES / NO If yes, what Team: _____

School and Grade currently attending: School _____ Grade _____

Primary Contact Name Home Phone Work/Cell Phone

- Mother/Guardian: _____
- Father/Guardian: _____
- Emergency contact: _____

Reeds Booster Club Injury Release and Compliance Agreement

We/ I hereby certify that _____ is in normal health and capable of safe participation in Reeds Athletic Boosters Club, sports programs. I assume all risk(s) and hazards incidental to the conduct of this program and for the transportation to and from the program. I know that participation in sports may result in serious injuries and protective equipment does not prevent all injuries to players, and we do hereby waive, release, absolve, indemnify and agree that there can be no claims against coaches, organizers, sponsors or officials of the league, including the Booster Clubs/owners of the facilities utilized for the programs from any claim by or on behalf of the registrant arising out of any injury to our/my child whether the result of negligence or for any other cause. In the event that I cannot be reached to make arrangements for emergency medical attention at the time of the illness or accident, I hereby authorize the Reeds Athletic Boosters Club to transport my child to the nearest medical facility for treatment deemed necessary.

- By signing below, I comply, with booster club policy, that I am registering the above named athlete for a sport within his/her age division, as deemed by the appropriate age chart for that sport, and for the sport for his/her gender. Any other intentions I may have for the above named athlete, will be disclosed on this sheet and is not guaranteed.
- I also understand, by signing below, that my child will be placed into a draft for the sport he/she is registering for and is not guaranteed to play on any specific team or with any specific coach or player.

Sports fee: _____ Signed: _____

Parent/Guardian

Check#: _____ CASH: _____ Date: ____/____/____

Board Member Initials indicating PAID: _____