Please check all that apply
FEE: $50
____Soccer ____Basketball
Softball:
____Spring ____Summer ____Fall
Baseball:
____Spring ____Fall
FEE: $100
____ Cheerleading

BETHEL YOUTH SPORTS REGISTRATION

PLAYER NAME: _____ AGE: _____
ADDRESS: _____ DOB: _____
_____ GRADE: _____
TOWN: _____ ZIP_____ Uniform Size: _____
Athletes Email: _____

PARENT/GUARDIAN 1:
NAME: _____
ADDRESS: _____
TOWN:_____ZIP:_____
HOME: _____
CELL:_____
EMAIL: _____

PARENT/GUARDIAN 2:
NAME: _____
ADDRESS: _____
TOWN:_____ZIP:_____
HOME: _____
CELL:_____
EMAIL: _____

- My child may have his/her picture taken for website/newspaper/social media use: yes no
- I am willing to help this season: ___Coach ___Assistant Coach ___Referee/Umpire ___ Score Keeper

EMERGENCY CONTACT:
NAME: _____ RELATION:_____
HOME: _____ CELL:_____
ALLERGIES/MEDICATIONS: (Please list all known allergies and medications)
_____
_____
FAMILY PHYSICIAN: _____ PHONE: _____
HEALTH INSURANCE COMPANY: _____ POLICY #_____

- IN CASE OF AN ACCIDENT OR ILLNESS, I HEREBY AUTHORIZE A REPRESENTATIVE OF BETHEL YOUTH SPORTS TO USE HIS/HER JUDGEMENT IN OBTAINING IMMEDIATE MEDICAL CARE.

This agreement releases the Town of Bethel, all WRVS and Bethel Youth Sports from all liability relating to injuries or death that may occur. By signing, I agree to hold the town of Bethel, all WRVS, and Bethel Youth Sports entirely free from any and all liability, including financial responsibilities for injuries incurred, regardless of negligence. I acknowledge and assume all risks involved in sports and forfeit all rights to bring any lawsuit or legal actions against the above for any reason.

- I, _____, fully understand and agree to the above terms.

Parent/Guardian Signature: _____ Date: _____

Athlete Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

JOIN OUR FACEBOOK PAGE TO GET UPDATES AND PICTURES FOR ALL BETHEL YOUTH SPORTS!

WE ACCEPT
CREDIT CARDS

OFFICE USE: CASH: $_____ CHECK: #_____ CC $_____

Revised 7/25/2023