

PARK RIDGE ATHLETIC ASSOCIATION

PAGE _____ OF _____

CHECK ONE: (Click in box to check)

WINTER

- BASKETBALL
- WRESTLING
- INDOOR SOCCER

SPRING

- BASEBALL
- SOFTBALL

FALL

- SOCCER
- FOOTBALL
- FLAG FOOTBALL
- CHEERLEADING

REGISTRATION FEE	_____
LATE REGISTRATION*	_____
TOTAL	_____
PAID BY: CASH <input type="checkbox"/>	CK # _____

CHILD'S LAST NAME		CHILD'S FIRST NAME		FAMILY NAME IF DIFFERENT	
ADDRESS			HOME PHONE		EMERGENCY CONTACT:
			CELL PHONE		TEL. NO.:
<input type="checkbox"/> BOY <input type="checkbox"/> GIRL	CURRENT AGE	DATE OF BIRTH	FATHER		MOTHER
SCHOOL Select from List	CURRENT Grade	enter as mm/dd/yy			
SHIRT SIZE MANDATORY	PANTS SIZE MANDATORY	IN PROGRAM LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO		E-MAIL ADDRESS	
DOCTORS NAME		PHYSICAL HANDICAPS, CHRONIC ILLNESS, ALLERGY, SERIOUS INJURY, OR ANY PERTINENT MEDICAL INFORMATION			
DOCTORS PHONE		MEDICATION BEING TAKEN AND PURPOSE			

***LATE REGISTRATION IS SUBJECT TO A \$50.00 LATE FEE AND ONLY PERMITTED PRIOR TO TEAM DRAFT. NEW RESIDENTS MAY REGISTER WITHOUT PENALTY.**

IMPORTANT NOTE TO PARENTS: QUALITY OF OUR PROGRAMS DEPEND ON ADULT PARTICIPATION. YOUR ASSISTANCE WILL ENHANCE YOUR CHILD'S EXPERIENCE.

VOLUNTEER'S NAME: _____

- HEAD COACH
- ASSISTANT COACH
- TEAM PARENT
- COORDINATOR
- CERTIFIED
- OTHER _____
- ASSISTANT
- NEED CERTIFICATION
-
-
- COORDINATOR**

I hereby authorize the use of my child's likeness and name in connection with our newsletter, website, local news coverage and PRAA promotional material. PRAA will not disseminate any address, email addresses, telephone or personal information to any party. I understand that volunteers who are "certified" are not liable for damages occurring during athletic activities. I understand that the Borough provided insurance is liability coverage and that the medical expense coverage is secondary to any private insurance available to an injured child.

I agree to return the uniform and other equipment issued to my son/daughter, cleaned and in similar condition as received except for normal wear and tear. If abused, not returned or reimbursed for, future participation will be jeopardized.

Only children who reside with a parent or legal guardian domiciled in the Borough of Park Ridge may register for PRAA activities. I will furnish proof of age and/or residence of my child upon request by the PRAA.

SIGNATURE OF PARENT OR GUARDIAN

DATE