

Cabarrus County Youth Athletic Leagues Athletic Participant – General Information

Registration Date

Part I. Registration Information

Participants Name _____
PRINT (First) (Middle) (Last)

Participants Address _____
(Street/Box #) (City/State) (Zip)

Home Phone # _____ - _____ - _____ Other Phone # _____ - _____ - _____

Participants Birthday ____/____/____ Age ____ Grade ____ Gender: Female Male

Elementary School District in which participant resides: _____

Parents/Guardian Names: _____
PRINT (First) (Last)

Email Address: _____

Sport: (Check One)

| Baseball | Softball | Soccer | Basketball | Football | Cheerleading |
|--|--|---------------------------------------|---|---|-----------------------------------|
| <i>Age as of May 1</i> | <i>Age as of Jan. 1</i> | <i>Age as of Oct. 15</i> | <i>Age as of Oct. 15</i> | <i>Grade as of Aug. 1</i> | <i>N/A</i> |
| <input type="checkbox"/> 5-6 Coach Pitch | <input type="checkbox"/> 7-8 Coach Pitch | <input type="checkbox"/> 4-6 Soccer | <input type="checkbox"/> 5-6 Basketball | <input type="checkbox"/> Flag (K-1 st) | <input type="checkbox"/> All Ages |
| <input type="checkbox"/> 7-8 Coach Pitch | <input type="checkbox"/> 9-10 Softball | <input type="checkbox"/> 7-8 Soccer | <input type="checkbox"/> 7-8 Basketball | <input type="checkbox"/> Division 1 (2 nd -3 rd) | |
| <input type="checkbox"/> 9-10 Baseball | <input type="checkbox"/> 11-12 Softball | <input type="checkbox"/> 9-10 Soccer | <input type="checkbox"/> 9-10 Basketball | <input type="checkbox"/> Division 2 (4 th -5 th) | |
| <input type="checkbox"/> 11-12 Baseball | <input type="checkbox"/> 13-15 Softball | <input type="checkbox"/> 11-12 Soccer | <input type="checkbox"/> 11-12 Basketball | <input type="checkbox"/> Division 3 (6 th -7 th) | |
| <input type="checkbox"/> 13-15 Baseball | <input type="checkbox"/> 16-18 Softball | <input type="checkbox"/> 13-15 Soccer | <input type="checkbox"/> 13-15 Basketball | | |
| <input type="checkbox"/> 16-18 Baseball | | <input type="checkbox"/> 16-18 Soccer | <input type="checkbox"/> 16-18 Basketball | | |

Birth Certificate Verified: _____ On File: _____

T-Shirt Size: *Check One* YS YM YL YXL AS AM AL AXL AXXL

Pants Size: *Circle One* YS YM YL YXL AS AM AL AXL AXXL

Cheerleading: *Circle One*

 Shirt/Top: YS YM YL YXL AS AM AL AXL AXXL

 Bottom/Skirt: YS YM YL YXL AS AM AL AXL AXXL

Participants Weight: (Football Only) _____

Part II. Medical History

Past Medical History/Surgeries: _____

List Any Allergies: _____

Part III. Waiver and Release of Liability

In consideration of being allowed to participate in any way in the **Bethel Athletic** Association sports program, related events and activities, the undersigned acknowledges, appreciates and agrees that:

- 1) The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment and personal discipline may reduce the risk, the risk of serious injury does exist; and
- 2) I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releases or others, and assume full responsibility for my participation; and
- 3) I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence of participation, I will remove myself from participation and bring such to the attention of the nearest youth league official immediately; and
- 4) I, for myself and on behalf of my heirs, personal representatives and next of kin, hereby release and hold harmless the Cabarrus County Parks & Recreation Department and **Bethel Athletic Association**, their officers, officials, agents and or employees, other participants, sponsoring agencies, sponsors, advertisers and if applicable, owners and lessees of premises used to conduct the event (“Releases”) with respect to any and all injury, disability, death, or loss or damage to person or property, whether arising from the negligence of the Releases or otherwise. This is to certify that I, a parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releases, and for myself, my heirs, and next of kin, I release and agree to indemnify and hold harmless the Releases from and all liabilities incident to my minor child’s involvement or participation in the programs as provided above, even if arising from Releases negligence.

Background Screening Consent:

- I will agree to fill out a Background Screening consent form if I desire to serve as a volunteer. Failure to complete the form may result in refusal to serve the association.
- I will not agree to fill out a Background Screening consent form.

Part IV. BAA Concession Policy

I have read the BAA Concession Policy and understand that:

- **I am required to work in the concession stand 4 hours for the first registered player and 2 hours for each additional registered player;**
- **If I cannot work during my scheduled time, I must provide a suitable replacement;**
- **Instead of working, I can pay \$10/hour of required concession time to BAA to provide a worker. (Payment must be received by BAA prior to your team’s first game.)**

(Parent/Guardian Signature)

(Date)

(Emergency Contact Person Name, Relation and Phone Number(s))

(Emergency Contact Person, Relation and Phone Number(s))

Part V. Payment of League Dues

Registration Fee Due: \$ _____ Concession Payment Due: \$ _____

Total Amount Received: \$ _____ Cash Check # _____

List other children (names/ages) playing: _____

League Signature/Date _____