

**Off The Wall Sports – After School Care – REGISTRATION FORM**

**CHILD’S INFORMATION**

Child #1 name (first/last) \_\_\_\_\_ Nickname \_\_\_\_\_

Male  Female Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ Grade \_\_\_\_ School \_\_\_\_\_

Any medical concerns \_\_\_\_\_

Child #2 name (first/last) \_\_\_\_\_ Nickname \_\_\_\_\_

Male  Female Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ Grade \_\_\_\_ School \_\_\_\_\_

Any medical concerns \_\_\_\_\_

Child #2 name (first/last) \_\_\_\_\_ Nickname \_\_\_\_\_

Male  Female Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ Grade \_\_\_\_ School \_\_\_\_\_

Any medical concerns \_\_\_\_\_

**FAMILY INFORMATION**

**Check one parent to contact for payment and other questions. Check the primary email address for youth program communication.**

Mother/guardian’s name \_\_\_\_\_

Employer \_\_\_\_\_

Home address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ ext. \_\_\_\_\_

Cell # \_\_\_\_\_ Other # \_\_\_\_\_

Email \_\_\_\_\_

Father/guardian’s name \_\_\_\_\_

Employer \_\_\_\_\_

Home address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ ext. \_\_\_\_\_

Cell # \_\_\_\_\_ Other # \_\_\_\_\_

Email \_\_\_\_\_

**EMERGENCY INFORMATION**

**In case of emergency, please contact the following first:**  Mother/guardian  Father/guardian

Child’s doctor \_\_\_\_\_

Doctor’s # \_\_\_\_\_

Hospital preference \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

**EMERGENCY CONTACTS & YOUTH PICK UPS**

If mother, father, or guardian cannot be reached, individuals can act as an emergency contact and are allowed to pick up your child until a written request is made to alter any names listed or added

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_  
Home # \_\_\_\_\_ Work # \_\_\_\_\_ ext. \_\_\_\_\_  
Cell # \_\_\_\_\_ Other # \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_  
Home # \_\_\_\_\_ Work # \_\_\_\_\_ ext. \_\_\_\_\_  
Cell # \_\_\_\_\_ Other # \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_  
Home # \_\_\_\_\_ Work # \_\_\_\_\_ ext. \_\_\_\_\_  
Cell # \_\_\_\_\_ Other # \_\_\_\_\_

I have read, understand and agree with the policies as stated in this document and have discussed the expectations of behavior with my child/ward. I understand that the OFF THE WALL SPORTS has the authority to revoke my child’s right to participate in OFF THE WALL SPORTS programs for behavior which is not in keeping with the mission of the OFF THE WALL SPORTS or for failing to follow the policies/procedures of the OFF THE WALL SPORTS. My signature below indicates that I agree to adhere to all policies, procedures and the mission of the OFF THE WALL SPORTS.

\_\_\_\_\_  
Parent/legal guardian Date

**MINOR RELEASE**

AND I, THE MINOR’S PARENT AND/OR LEGAL GUARDIAN, UNDERSTAND THE NATURE OFF THE WALL SPORTS ACTIVITIES AND THE MINOR’S EXPERIENCE AND CAPABILITIES AND BELIEVE THE MINOR TO BE QUALIFIED, IN GOOD HEALTH, AND IN PROPER PHYSICAL CONDITION TO PARTICIPATE IN SUCH ACTIVITY. I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS EACH OF THE RELEASEE’S FROM ALL LIABILITY CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON THE MINOR’S ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATION AND FURTHER AGREE THAT IF, DESPITE THIS RELEASE, I, THE MINOR, OR ANYONE ON THE MINOR’S BEHALF MAKES A CLAIM AGAINST ANY OF THE RELEASEES NAMED ABOVE, I WILL INDEMNITY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE, OR COST ANY MAY INCUR AS THE RESULT OF ANY SUCH CLAIM.

\_\_\_\_\_  
Parent/legal guardian Date