

**FRANKLIN TOWNSHIP YOUTH ASSOCIATION of WARREN COUNTY INC.**

P. O. Box 198, Broadway, NJ 08808

REGISTRATION - MEDICAL RELEASE

Player Name _____	Birth Date _____	Grade this coming fall _____	Phone _____
Players Address _____	Mailing City/Zip Code _____	Sex: M / F	
Mother's Name _____	H/W/C Phone _____	Father's Name _____	H/W/C home _____
EMAIL ADDRESS(S) _____			
<b>UNIFORM INFORMATION: Shirt Size:</b> YS YM YL AS AM AL <b>Pant Size:</b> YS YM YL AS AM AL			
<b>TRAVEL SOCCER</b> Yes ___ No ___ (If your child has played travel soccer this past spring or fall or plans on playing this coming fall, please indicate by checking <b>Yes</b> )			

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Allergies/Medications/Special Health Conditions \_\_\_\_\_

Ins Co. \_\_\_\_\_ Policy #: \_\_\_\_\_ Subscribers Name: \_\_\_\_\_

**EMERGENCY NUMBERS FOR NEAREST FRIEND OR RELATIVE (Including parent not living with the child/children)**

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

As the parent/guardian of the above named player registering with this association, I hereby give my permission for my child to participate in any and all Franklin Township Youth Association (FTYA) activities. I assume all risks and hazards incidental to such participation. I understand protective equipment will not prevent all injuries while participating in youth activities. I hereby waive, release and absolve the sponsors, managers, coaches, supervisors, coordinators, umpires, referees, and executive board of FTYA, other participants and persons from any claim arising out of injury to my child whether the result of negligence or for any other cause. I agree to abide by the rules as set down by FTYA and will abide by the rulings of the Executive Board. I agree to return uniforms and equipment issued to my child in good condition as when received except for normal wear and tear. I understand that I will be charged a fee for damaged equipment and uniforms and all awards will be withheld till paid. I will support/participate in the workings of the FTYA.

**Parent/Guardian Volunteer Opportunity Options (please choose at least one item below to satisfy your participation/support requirement):**

Coach	Assistant Coach	Team Parent	Concession Stand	Fields (Pre-season)	Fields (In-season)	Fields (Post-season)	Coordinator	Awards	Special Events
-------	-----------------	-------------	------------------	---------------------	--------------------	----------------------	-------------	--------	----------------

Parent/Guardian Signature: _____	Date: _____
----------------------------------	-------------

For Official Use: Cash \_\_\_\_\_ Check # \_\_\_\_\_ Amount \_\_\_\_\_ # of Children \_\_\_\_\_ Recd' By \_\_\_\_\_

Sport: Basketball Baseball Softball **Soccer** Roller/Field Hockey Team: \_\_\_\_\_ Coach: \_\_\_\_\_ Shirt Number \_\_\_\_\_