<u>PLAYER</u>	ENROLLMENT FORM	Girls 6 & Under: \$20 Fee each/Everyone Else \$40 Fee each	
LAST NAME:	FIRST NAME:	MIDDLE INITIAL:	CELL PHONE#
DIDTUDATE	1431.4.1.4.05	SCHOOL CRAPE	LACT VEAR TEARS
<u>BIRTHDATE:</u>	JAN 1st AGE:	SCHOOL GRADE:	LAST YEAR TEAM:
MAILING ADDRESS:		EMAIL:	
		LIVIAIL.	
CITY, STATE, ZIP:			
MOTHER	ENROLLMENT FORM		
LAST NAME:	FIRST NAME:	MIDDLE INITIAL:	CELL PHONE#
MAILING ADDRESS:		EMAIL:	
CITY, STATE, ZIP:			
CITT, STATE, ZII .			
<u>FATHER</u>	ENROLLMENT FORM		
LAST NAME:	FIRST NAME:	MIDDLE INITIAL:	CELL PHONE#
MAILING ADDRESS:		EMAIL:	
CITY, STATE, ZIP:			
EMERGENCY CONTACT	ENROLLMENT FORM		
LAST NAME:	FIRST NAME:	MIDDLE INITIAL:	CELL PHONE#
MAILING ADDRESS:		EMAIL:	
CITY, STATE, ZIP:			
IF YOUR CHILD DID PLAY IN 2020, A UNIFORM TOP WILL NOT BE PROVIDED IN 2021			
IF YOUR CHILD DIDN'T PLAY IN 2020, PLEASE INDICATE WHAT SIZE UNIFORM TOP THEY WOULD LIKE:			
(UNIFORM TOPS ARE PROVIDED EVERY OTHER YEAR)			
Liability Statement:			
Given to the above named PLAYER, and his/her parent and/or guardian to wit: Coaches, umpires, their assistants			
or anyone who prepares any playing field shall not be liable for the injury or death of any participant or applicant			
in the Randolph Summer Youth described below, or in any program description accompanying this application which results			
from the negligence of any person or entry described or identified within. We (or I), hereby certify that we (or I)			
are the Parents/ Guardians of the above named PLAYER, and as such hereby release the Randolph Summer Youth,			
Randolph Park Board & City of Randolph and all the officers, coaches from any and all damages of any kind or nature, whether known			
or unknown, arising from or in any way connected with the PLAYERS involvement or participation in any activity sponsored by Randolph Summer Youth, Randolph Park Board & City of Randolph their respective officers, coaches,			
for any claim which may hereafter be presented by the participant as a result of any such injuries.			
PLAYER PRINT NAME:		PARENT PRINT NAME(S):	DATE:
PLATER PRINT INAIVIE.	<u>DATE:</u>	PAREINI PRIINI INAINIE(S).	DATE.
PLAYER SIGNATURE:		PARENT SIGNATURE(S):	
OFFICE USE ONLY: TEAM ASSIGNED (HIGHLIGHT ONE):			
AGES 3-4(SKILLS DEV)	AGES 5-6	AGES 7-8	AGES 9-10
AGES 11-12	AGES 13-14	AGES 15-16	AGES 17-18
HEAD COACH NAME	HEAD COACH PHONE#	ASSIST COACH NAME:	ASSIST COACH PHONE#
			<u> </u>