

MCAS YUMA YOUTH SPORTS REGISTRATION FORM



ALL INCLUSIVE PROGRAM

Sports \$60 per youth. Returning Cheer/Youth Camps \$30 per youth.
Fees includes jersey, trophy and end of season party.

REFUNDS: A full refund will be given if notice is submitted prior to registration deadline date. A partial refund will be given after deadline or once season starts (minus jersey and trophy.) No refund will be given if 3 or more games have been played during the season.

YOUTH NAME _____	DOB _____ <small>MM/DD/YYYY</small>	FEMALE MALE	AGE END OF SEASON _____	JERSEY SIZE (YXXS-AXL) _____
YOUTH NAME _____	DOB _____ <small>MM/DD/YYYY</small>	FEMALE MALE	AGE END OF SEASON _____	JERSEY SIZE (YXXS-AXL) _____
YOUTH NAME _____	DOB _____ <small>MM/DD/YYYY</small>	FEMALE MALE	AGE END OF SEASON _____	JERSEY SIZE (YXXS-AXL) _____
YOUTH NAME _____	DOB _____ <small>MM/DD/YYYY</small>	FEMALE MALE	AGE END OF SEASON _____	JERSEY SIZE (YXXS-AXL) _____

SPONSOR NAME _____ SPONSOR UNIT _____

EMERGENCY CONTACT & RELEASE

NAME _____	HOME PHONE _____
ADDRESS _____	CELL PHONE _____
SPOUSE'S NAME _____	EMAIL _____

DOES YOUR YOUTH HAVE SPECIAL NEEDS OR MEDICATION? YES NO
If yes, explain.

If you have a request or multiple requests, indicate below and prioritize your choices. We will try to accommodate your first choice but is not always possible to guarantee.

PRACTICE DAY REQUEST

(MON/WED, TUE/THU, OR NO PREFERENCE) _____

There are no known medical problems for the youth(s) named above that would prevent safe participation. He/She is medically qualified to participate in the Youth Sports Program.

SIGNATURE _____ DATE _____

SPORT <i>(CHECK ONE)</i>	BASEBALL BASKETBALL SOCCER	CHEERLEADING TRACK FOOTBALL	CLINIC CAMP
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