

Indian Hill Recreation Commission Athletic Program

Player:

_____ Fall Soccer _____ Cheerleading _____ Cross Country

_____ Boy _____ Girl

NO FALL SPORT REFUNDS AFTER JUNE 15, 2007

Date of Birth ____/____/____ Age Now ____

Fee \$ _____
 ___ Cash ___ Check

Current School _____ Grade Now _____

Last name

First name

Address

Zip Code

Telephone

E-mail Address

I am aware that my child may have conflicts with games or practices due to: _____ a) participating in more than one Indian Hill Recreation Commission sport during the same season; _____ b) participation in a non- Indian Hill Recreation Commission sport during the same season; _____ c) participation in another educational, religious, or enrichment program.

Parent / Guardian:

Mother/Guardian

Home Telephone

Work Telephone

Father/Guardian

Home Telephone

Work Telephone

In Emergency Notify

Home Telephone

Work Telephone

Doctor in Emergency

Telephone

Release: I understand that IHRC does not provide insurance in the athletic programs. I will be responsible for any expense incurred or injuries received by this player while engaged in this sport. I agree not to hold the coaches, managers, officials, members of the Commission or the village of Indian Hill responsible for any injuries or expenses.

Signature: _____ Date: _____

Coach/Volunteer: I Am Willing To Serve As: _____ Coach _____ Assistant Coach _____ Admin.

NOTE: All Volunteer Coaches must submit a Background Check form in order to be considered for coaching.

Uniforms (circle size): Pant: Youth S M L Adult S M L XL

Shirt: Youth S M L Adult S M L XL