Smithsburg Youth Athletics

2010 SYA Track & Field Registration

Participant's Last Name:					
Participant's First Name:					
Date of Birth:		**Gender:**			
Street Address:					
City:		**State:**		**Zip:**	
Home Phone:					
Family E-mail Address:					

T-Shirt Size:											
Youth-S		**Youth-M**		**Youth-L**		**Adult-S**		**Adult-M**		**Adult-L**	

Mother's Name:	
Work/Cell Phone Number:	
Father's Name:	
Work/Cell Phone Number:	
Emergency Contact:	
Phone Number:	
Insurance Company:	
Policy Number:	
Child's Medical Conditions:	

Volunteer Interest:	**Sponsorship:**	**Assist. Coach:**	

Registration Costs: **$20.00** (Any child enrolled in the Free & Reduced Lunch Plan can receive a scholarship and their registration fee will be waived.)

(Individuals will be responsible for Meet Registration Fees)

Please make check payable to: **SYA**

Mail to: Smithsburg Youth Athletics (SYA)
Track & Field Registration
P. O. Box 21
Smithsburg, MD 21783

Visit us @ **www.smithsburgyouthathletics.org** Phone Number: 301-824-7707

Liability Release Statement: I hereby grant permission for the above named child to participate in the Smithsburg Youth Athletics Track & Field during the 2010 season. I accept full responsibility for their conduct, behavior and release SYA, coaches and officials of any responsibility for accident or injury. I further grant permission for emergency first aid to be administered, and if deemed necessary, I grant permission for said youth to be transported to an emergency room, and authorize medical staff to provide treatment.

Signature: _____Date:_____