

Convoy Sports Center _____ Team
2020 Registration Form (Office Use Only)
Registration Day: Sunday, February 9th, 2:00-4:00 p.m.
Crestview Auditoria (Enter through Door #6)

Child's Name: _____ Birthdate: _____

Team Registering for: _____ Male _____ Female

_____ Rookie _____ Coach Pitch _____ Farm (Boys) _____ Farmette (Girls)

_____ Buckeye Girls _____ Little League 2019 Team: _____

T-Shirt Size (Circle one) Youth S M L Adult S M L XL XXL

Parent/Guardian Info:

Father/Guardian: _____ Cell Phone #: _____

Mother/Guardian: _____ Cell Phone #: _____

Child lives with: _____

Child's Address: _____

Emergency Info: In case of emergency your child will be transported to the Van Wert County Hospital.

Emergency Contacts (other than parents)

Name: _____ Phone #: _____ Relationship _____

Name: _____ Phone #: _____ Relationship _____

Family Physician & Phone Number: _____

Family Dentist & Phone Number: _____

Any Allergies/Medical/Behavioral Issues: _____

In order for Convoy's youth programs to be successful, I understand that I will be expected to work in the concession stand at least once per child during the regular season and also during the end of season tournaments OR pay the extra fee for outsourcing workers. I have read the information in the separate registration letter and agree to the information listed for 2020. The payment should include the registration and outsource fee, if paying to outsource.

_____ I will work the Concession Stand _____ I will pay **\$30 for 1 child/\$60 (family)** to Outsource

I am willing to volunteer in the following area(s): _____ Coach _____ Asst. Coach _____ Bd Member

I, as the parent or guardian of the above named child, will not hold the coaches, the drivers, or the sponsoring organization responsible for any accidents that may occur.

Signed: _____ Date: _____

Date Received: _____

Amount Paid: _____

Ck #: _____ Cash: _____