

**Convoy Sports Center** \_\_\_\_\_ Team  
**2022 Registration Form** (Office Use Only)  
Registration Day: Sunday, February 20th, 2:00-4:00 p.m.  
Edgewood Park Community Building

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Team Registering for: \_\_\_\_\_ Male \_\_\_\_\_ Female

\_\_\_\_\_ Rookie \_\_\_\_\_ Coach Pitch \_\_\_\_\_ Farm (Boys) \_\_\_\_\_ Farmette (Girls)

\_\_\_\_\_ Buckeye Girls \_\_\_\_\_ Little League \_\_\_\_\_ Pony League

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 #: \_\_\_\_\_

Primary contact & number (for group text): \_\_\_\_\_

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 2022. 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:** \_\_\_\_\_