

## Youth Sports Registration

**Program:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **M / F**

Participant Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Municipality: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Parent Name(s): \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Please note any special circumstances or situations: \_\_\_\_\_

\_\_\_\_\_

How did you find out about this program? \_\_\_\_\_

Signature of Parent: \_\_\_\_\_

**Refer to Program flier for rate:**

Member \$ \_\_\_\_\_ Non-Member Resident \$ \_\_\_\_\_ Non-Member/Non-resident \$ \_\_\_\_\_

Make checks payable to: North Fayette Township, 580 Donaldson Road, Oakdale, PA 15071

Rec'd by:

Date:

Input to Rec-Pro: