

# GILMANTON YOUTH ORGANIZATION

P.O. Box 234, Gilmanton, NH 03237



**SOCCER**

**BASKETBALL**

**BASEBALL SOFTBALL T-BALL**

|  |                  |   |                                    |
|--|------------------|---|------------------------------------|
| Last Name _____                                | First Name _____ | Mid Init _____                                    | Male (M) _____<br>Female (F) _____ |
| Address _____                                  |                  | Birth Date ____/____/____                         | Player=P _____<br>Coach=C _____    |
| City/Town _____                                | State _____      | Zip Code _____                                    | Phone Number _____                 |
| E-mail address _____                           |                  |   |                                    |
| Mother's Name _____                            |                  | Telephone (H) _____                               | (W) _____                          |
| Father's Name _____                            |                  | Telephone (H) _____                               | (W) _____                          |
| Emergency Contact Person _____                 |                  | Telephone _____                                   |                                    |
| Doctor to Notify in Emergency _____            |                  | Telephone _____                                   |                                    |
| Medical Problems/Prohibitions Player has _____ |                  |   |                                    |
| Grade _____                                    |                  | New Shirt Needed    Y    N                        |                                    |
| Current Shirt Number _____                     |                  | New Shirt Size: YS   YM   YL   AS   AM   AL   AXL |                                    |

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of GYO, its affiliated organizations and sponsors as outlined in the GYO Handbook. Recognizing the possibility of physical injury associated with sports participation, and in consideration for the GYO accepting the registrant for its programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the GYO, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize. I also give consent for pictures of my child to be published on the GYO website, in publications and local newspapers. I've received and agree that my entire family will abide by the Parent's Code of Ethics.

NAME \_\_\_\_\_  
Parent/Legal Guardian (please print)

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**CONSENT FOR MEDICAL TREATMENT (MINOR)**

As the parent/legal guardian of the above-named player, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

\_\_\_\_\_  
Signature of Parent/Guardian

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work \_\_\_\_\_

**PARENTAL SUPPORT**

We ask for active participation of all parents in our Programs. Check area(s) that you would be willing to help.

- |   |  |
|---|--|
| <input type="checkbox"/> Coach            | <input type="checkbox"/> Sport Coordinator |
| <input type="checkbox"/> Asst. Coach      | <input type="checkbox"/> Special Projects  |
| <input type="checkbox"/> Referee          | <input type="checkbox"/> Field Preparation |
| <input type="checkbox"/> Board Member     | <input type="checkbox"/> Publicity         |
| <input type="checkbox"/> Concession Stand | <input type="checkbox"/> Fund Raising      |

**OFFICIAL USE ONLY**

**Registration Fee: \$40.00/player  
\$20.00/player after 2nd player in household**

**TOTAL \$ \_\_\_\_\_ Date \_\_\_\_\_**

**Cash \_\_\_ Check # \_\_\_\_\_ Rec'd by \_\_\_\_\_**

**Make check payable to: Gilmanton Youth Organization (GYO)**

**White-Coordinator**

**Yellow-Coach**

**Pink-Parent/Guardian**