

**GUNTER YOUTH ASSOCIATION  
REGISTRATION FORM**

Date: \_\_\_\_\_

**Interested in Coaching:** Head Coach Y / N Assistant Coach Y / N

<b>GYA Use Only:</b>
League/Age Group: _____
Amount Paid: _____
Cash / Check - Ck# _____
Scholarship Requested: Y / N

(Circle One)

**CHEERLEADING  
SOFTBALL**

**BASKETBALL  
BASEBALL**

**T-BALL**

**FOOTBALL**

**TRACK**

**PLAYER INFORMATION**

NAME: \_\_\_\_\_

GRADE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

Age: \_\_\_\_\_

SEX: Male / Female

SPECIAL HEALTH NEEDS, ALLERGIES, AND/OR MEDICAL CONDITIONS: \_\_\_\_\_

**UNIFORM INFORMATION**

SHIRT SIZE: \_\_\_\_\_

SHORT/PANT SIZE: \_\_\_\_\_

SOCK SIZE: \_\_\_\_\_

NOTES: \_\_\_\_\_

**PARENT INFORMATION:**

**Email Address:** \_\_\_\_\_

NAME: \_\_\_\_\_

RELATION: \_\_\_\_\_

PHONE NUMBER: (Home) \_\_\_\_\_

(Work) \_\_\_\_\_

ADDRESS:  
(Mailing) \_\_\_\_\_ (Street) \_\_\_\_\_

CITY: \_\_\_\_\_, TEXAS Zip: \_\_\_\_\_

In Case of an Emergency, please call: \_\_\_\_\_

**Medical Release Form:**

I, as the parent or legal guardian, hereby give permission for my child to fully participate in the above designated sport and warrant that my child is physically able to fully participate in the above designed sport and/or activities. I hereby release any claim(s) for damages that my child or I, on my child's behalf, have against the Gunter Youth Association (GYA) or any of its volunteer staff. I hereby fully authorize Gunter Youth Association's designee to freely select the hospital facility and/or physician which will treat my child as the result of any injury sustained while in the above designated sport. I agree to incur all medical expenses. Further, I hereby fully authorize the hospital facility and / or physician selected by the GYA designee to medically treat my child in my absence.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ Date \_\_\_\_\_

**Players will not be assigned a team until the following requirements have been met:**

1. Registration fee has been paid;
2. Code of conduct has been signed by parent and child;
3. Copy of birth certificate has been provided;
4. Medical release form has been signed.