

Tabernacle Athletic Association

163 Carranza Road, Tabernacle, NJ 08088

Please Print and fill all applicable sections

Select Sport: **Baseball** **Softball** **Girls Soccer** **Boys Soccer**
 Girls Basketball **Boys Basketball** **Wrestling**

Participants Name: _____ Age: _____ Birthdate: _____

Address: _____ Phone: _____

Current Grade: _____ School: _____

Shirt Size: Youth M L or Adult S M L XL **Pant Size:** Youth M L or Adult S M L XL

Mother's Name: _____ Home Phone (if different) _____

Address (if different) _____ Work Phone (if applicable) _____

Cell Phone _____

E-Mail Address: _____

Father's Name: _____ Home Phone (if different) _____

Address (if different) _____ Work Phone (if applicable) _____

Cell Phone _____

E-Mail Address: _____

Special Circumstances or Requests: _____

Medical Release Information

Injuries are inherent to sports; therefore, in the event of an injury, I hereby release the Tabernacle Athletic Association, its officers and volunteers, as well as all sponsors from all liability. I also understand that primary medical insurance is my responsibility and that any insurance the Tabernacle Athletic Association may carry will be secondary. If I am not present for a team-related activity, I hereby give permission for any and all medical attention necessary to my child in the event of an accident, injury, sickness, etc., under the direction of the person(s) checked by me below until such time as I may be contacted.

Manager/Coach/Asst. Coach League Representative Tournament Representative TAA Representative

Insurance Company: _____ Policy Number: _____

Physician: _____ Phone #: _____ Address: _____

Emergency Contact: _____ Phone #: _____

(OTHER THAN YOURSELF)

Known Allergies or Medical Conditions: _____

PERMISSION FOR MINORS: As the lawful parent/guardian of the above child, I have read, completed, and understood this form and give my permission for him/her to participate in this activity.

Signature (Parent/Guardian): _____ Date: _____

Volunteer Information

As you know, it takes a large volunteer effort to run our programs. In order to allow our programs to continue to give your child the best possible experience, we need your help. Please select as many areas as you can.

Manager/ Head Coach Asst Coach Team Mom/Dad Uniforms Equipment Manager

Sponsors Fund Raising Commissioner Snack Stand Worker Snack Stand Committee

Field Maintenance **Team Sponsorship: Would You or Your business like to sponsor a team? Y or N**

Business Name _____

Financial Information

Registration Fee: _____ Family Maximum: _____ Late Fee: _____ Total Amount: _____

Paid by: Cash Check# _____ Registrar's Initials: _____