

Youth Sports Information Form

Please Use One Form for Each Registrant. Make additional Copies if needed. Please Print.

Sport: _____ Season: _____ Grade: _____

Player's Full Name: _____ Sex (circle one): M F

Address: _____ City: _____ Zip: _____

Phone: _____ Height: _____ Weight: _____ DOB: _____ Age: _____

Parent/Guardians Name: _____ Phone: _____

Alternate Contact Person: _____ Phone: _____

Medical Allergies, illnesses or other medical conditions: _____

Evenings child cannot practice: _____ Friendship Request (**Limit of one**): _____

Parents, if interested in coaching, please complete below:

For this sport, can either parent be a

Head Coach Assistant Coach

Name: _____

E-mail Address: _____

Preferred Practice Night: _____

If you are a head coach, please name your assistant (limit of one): _____

- Have you ever coached this sport? Yes No
- Are you NYSCA Certified? Yes No

Please Note: Lombard Park District conducts criminal background checks on all volunteer coaches.

