

Youth Sports Information Form

This form is required for all children participating in soccer, youth basketball and girls softball. This form can be dropped off, mailed or faxed to Sunset Knoll Recreation Center: 820 S. Finley Rd. Lombard, IL 60148 Fax: (630) 620-0762

Sport: _____ Season: _____ School: _____ Grade: _____
Players full name: _____ Phone: _____ Sex: M F
Address: _____ City: _____ Zip: _____
E-mail: _____ Years in travel sport: _____ Date of birth: _____ Age: _____
Parent/Guardian name: _____ Phone: _____
Alternate contact name: _____ Phone: _____
Illnesses, allergies or other medical conditions: _____
Friendship request (*limit one*): _____ Evenings player can not practice: _____

PARENTS/GUARDIANS: If interested in coaching, please complete the following information:

For the sport listed on this form, the following parent/guardian can be a: Head Coach Assistant Coach
Name: _____ E-mail: _____
Phone: _____ Preferred practice night: _____
Have you ever coached this sport?: Yes No Are you NYSCA certified?: Yes No
If you are signing up to be a head coach and have an assistant coach, please include their information (*limit one*):
Name: _____ E-mail: _____
Phone: _____

PLEASE NOTE: The Lombard Park District conducts criminal background checks on all volunteer coaches.

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