

REGISTRATION FOR _____

LIST SPORT

BAY VIEW AREA REDCATS INC. — 2201 S. Kinnickinnic Ave., Milwaukee, WI 53207
Phone: (414) 482-7264

PART A: PLAYER INFORMATION

Player's Name _____ Sex: M F
Last Name First Name Middle Initial
Address _____ Phone _____
City _____ Zip _____ Present Age _____
Birth Date _____ Grade in School _____ Name of School _____

PART B: STATEMENT OF HEALTH AND INJURY DISCLAIMER

I hereby give my consent for my child herein above to participate in all of the Bay View Area Redcats Inc. programs, athletic and otherwise, with the following exceptions: _____

and I hereby state that to the best of my knowledge my child has no health problem that would interfere with his/her participation in the programs; and I give this consent with the understanding that I will not hold the Bay View Area Redcats Inc. responsible for any injury received as a result of such participation and I further agree to indemnify and save harmless the Bay View Area Redcats Inc. from and against all claims, suits, damages and expenses, in any manner resulting from or arising out of my child's participation in the Bay View Area Redcats Inc. programs.

Parent's Signature _____

Signed this _____ day of _____, 20____

PART C: PARENTAL INFORMATION

Father's Name _____ Mother's Name _____
Address (if different from above) _____
Father's place of employment _____ Mother's Place of employment _____
Type of work/occupation title _____ Type of work/occupation title _____
Phone _____ Phone _____

PART D: FEE SCHEDULE (Fees include a \$20.00 non-refundable administration charge)

Football . . . Cheerleading . . . Volleyball . . . Basketball . . . Softball . . .
Hardball . . .

PART E: FAMILY PARTICIPATION

Parents are encouraged to participate in the function of our organization. Please indicate if you would be willing to help in any of these areas:

_____ Team Manager or Advisor _____ Banquet _____ Newsletter
_____ Fund Raising _____ Speaker's Bureau _____ Coaching
_____ Board member _____ Concessions _____ Youth Sports Club

Other Sport(s) interested in: Football Volleyball Cheerleading Softball Basketball
 Sand Volleyball Other _____

PART F: CERTIFICATION (Do not fill in)

Make checks payable to: **BAY VIEW AREA REDCATS INC.**

Note: Fee of \$20.00 will be charged for all returned checks

Date _____ Receipt # _____ Team assigned to _____ (_____)
returned