

# Youth Sports Registration Form

## Effective January 1 – December 30, 2019

Child's Full Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_ Best phone #: \_\_\_\_\_  
 Birth date: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School/Team(CMAFL): \_\_\_\_\_  
 Is your child a Tribal Member? (Check One):  
 Yes, CDA Enrolled  No, but CDA Descendent  Yes, Enrolled in another Tribe (Non-CDA)  No, they are not  
 Parent Email Address(es): \_\_\_\_\_  
 (We will send updates to this email – Please use an email you check regularly or provide your mobile phone for text updates)  
 Enter TEXT number & Carrier (Verizon, etc.): \_\_\_\_\_ & \_\_\_\_\_

**REGISTRATION FEES ARE DUE AT THE TIME OF REGISTRATION FOR EACH SPORT UNLESS  
 PAYMENT ARRANGEMENTS HAVE BEEN MADE WITH YOUTH SPORTS STAFF**

Circle sizing and then enter fit (For Example: Youth L or Adult Small)  
 HEIGHT: \_\_\_ FT \_\_\_ IN WEIGHT: \_\_\_\_\_ SHIRT: YOUTH/ADULT \_\_\_\_\_ SHORTS: YOUTH/ADULT \_\_\_\_\_  
 HAT: YOUTH/ADULT \_\_\_\_\_ SHOE SIZE: CHILDREN/WOMEN/MEN \_\_\_\_\_

Telephone numbers where emergency contacts can be reached. Please list Work, Home and/or Cell:

<i>Parent/Guardian</i>	<i>Phone Numbers (Best Method to contact)</i>	<i>Relationship</i>
<i>Emergency Contact &amp; Permission to Pick- up Your Child</i>	<i>Phone Numbers</i>	<i>Relationship</i>

What activities would you like to receive info on? Circle all that apply (NOT ALL SPORTS MAY BE OFFERED THIS YEAR)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Basketball         | <input type="checkbox"/> Soccer                    | <input type="checkbox"/> BMX/Mountain Biking |
| <input type="checkbox"/> Football           | <input type="checkbox"/> Parkour/Gymnastics        | <input type="checkbox"/> Track & Field       |
| <input type="checkbox"/> Archery            | <input type="checkbox"/> Wrestling                 | <input type="checkbox"/> Volleyball          |
| <input type="checkbox"/> Golf               | <input type="checkbox"/> Hunting/Trapping/Foraging | <input type="checkbox"/> Rowing/Watercraft   |
| <input type="checkbox"/> Swimming           | <input type="checkbox"/> Snowboarding/Skiing       | <input type="checkbox"/> Other: _____        |
| <input type="checkbox"/> Baseball/T Ball    | <input type="checkbox"/> Lacrosse                  |  |
| <input type="checkbox"/> Ultimate Frisbee   | <input type="checkbox"/> Skateboarding             |  |
| <input type="checkbox"/> Cheerleading/Dance | <input type="checkbox"/> Inline Skating            |  |

**Please complete medical information on the back of this page.**



## Medical Information Needed

PLEASE COMPLETE WAIVER & MEDICAL TREATMENT CONSENT FORM BEFORE RETURNING TO WC FRONT DESK

Allergies (drug or food) \_\_\_\_\_

Current Medication(s) child is taking \_\_\_\_\_

Any Current Health Problem (ex. Asthma,  
Diabetes) \_\_\_\_\_

Family Physician \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Dentist \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_



# Youth Sports Participation Waiver & Medical Consent Form

## Authorization for Consent to Medical Treatment

I, the undersigned, having legal custody of \_\_\_\_\_, a minor child, do hereby authorize any x-ray examination, anesthesia, medical or surgical diagnosis or treatment diagnosis or treatment and hospital service that may be rendered to the minor under general or special instructions of the family physician, \_\_\_\_\_, M.D. whether such diagnosis and/or treatment is rendered at the office of said diagnosis and/or treatment is rendered at the office of said physician or at a hospital. In the event there is no family physician, we authorize representatives of the Marimn Health Wellness Center to secure appropriate medical attention at Marimn Health. It is understood that this consent is given in advance of any specific diagnosis or treatment being required and said physician to exercise his or her best judgment as to requirements of such diagnosis or treatment.

This shall remain in effect from January 1st, 2019 until December 30th, 2019, unless revoked earlier, in writing by the legal guardian(s). Nothing in this authorization shall be construed to in any way waive or diminish the Sovereign Immunity of the Coeur d'Alene Tribe.

\_\_\_\_\_  
(Printed Name of Legal Parent/Guardian)

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Signature of Legal Parent/Guardian)

## Waiver

I understand that the Marimn Health Wellness Center assumes no responsibility for injuries or illnesses which my child may sustain as a result of their physical condition, or resulting from their participation in any athletic activities, sports programs, exercise programs, youth programs and the use of any equipment, exercise or other activities. I expressly acknowledge on behalf of myself and my child, we assume the risk for any and all injuries and illnesses which may result from my child's participation in these activities. I hereby release and discharge the Marimn Health Wellness Center, its agents, servants and employees from any and all claims for injury, illness, death, loss or damage which my child may suffer as a result of their participation in these activities. I understand that the Marimn Health Wellness Center is not responsible for personal property lost or stolen while members and/or program participants are using Marimn Health Wellness Center. I give my permission to the Marimn Health Wellness Center to use indefinitely, without limitation or obligation, photographs, film footage or tape recordings which may include my child's image or voice for purpose of promoting or interpreting Marimn Health Wellness Center. Nothing in this waiver shall be construed to in any way to diminish or waive the sovereign immunity of the Coeur d'Alene Tribe.

Signed:

\_\_\_\_\_  
(Legal Parent/Guardian)

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Youth Participant)

\_\_\_\_\_  
Date

