

SMITH ATHLETIC ASSOCIATION MEMBERSHIP APPLICATION

Smith Association Registration www.smithsharks.net



Parent _____
Last Name First Name

Address _____
Street Home Phone Number

City, State, Zip Code Cell Phone Number

E-mail Address _____

Elementary School Boundary _____ Previous Association _____

Childrens' Information

Name _____	Birth Date _____	School Attending _____	Grade _____
Name _____	Birth Date _____	School Attending _____	Grade _____
Name _____	Birth Date _____	School Attending _____	Grade _____
Name _____	Birth Date _____	School Attending _____	Grade _____

*We the parents or legal guardian of the above candidate(s) for a position on a Smith Athletic Association team, hereby give my/our approval for child(ren) to participate in any and all league activities.

*We assume all risks and hazards incidental to such participation including transportation to and from the activities. I/We do hereby waive, release, resolve, indemnify and agree to hold harmless the Smith Athletic Association, the organizers, sponsors, supervisors, participants, and person transporting my/our child, except to the extent and in the amount covered by accident or liability insurance.

*We agree to return all uniforms and other equipment issued to my/our son/daughter in as good as the condition as when it was received except for normal wear and tear. (If applicable)

*We will furnish a certified birth certificate or other proof of birth of the above named candidate(s) at his/her initial sign-in.

List any known medical problems: _____

Parent/Guardian Signature: _____ Date _____

Sport (circle child's interests): Baseball Softball Football Girl's Basketball Boy's Basketball Cheering

I/We would like to serve in one of the following capacities- circle all that apply:

Head Coach (list sport(s)): _____

Assistant Coach (list sport(s)): _____

Team Mother Cheering (Sponsor Assistant Sponsor) Concession Fund Raising

Annual Membership Fee: \$20.00 check number _____ cash _____

Date _____ 2009