



Youth Recreation Registration

Name of Recreation Program _____

(exact name on flyer)

Grade Level _____

Childs Name _____ Phone _____ cell | home

Parents Name _____ Other Phone _____

Address _____ City _____ Zip _____

Email _____

Name of siblings in league _____

Age _____ Birth Date _____ Grade _____

Name of friend (paired with on team; limit one) _____

Skill Level (circle one) *New 1 2 3 4 5 (high)*

Shirt Size: Youth YS YM YLG Adult AS AM AL AXLG Other _____

Note exact days and times you CANNOT practice _____

Best way to reach you (check one) *Email* _____ *Text* _____ *Phone* _____

COACHING REGISTRATION

Community Education relies on volunteers to coach teams. Without you, we would be unable to offer these programs. Please consider volunteering your time as a coach for your child's team.

Name _____ Phone _____ *Cell Work Home*

Address _____ City _____ Zip _____

Email _____ Can you attend coaches meeting YES NO

I would like to (circle one) *COACH ASSIST* Name of Child coaching _____

Driver's License Number _____ Date of Birth ___ / ___ / ___

Shirt (*free*) SM (34-36) MED (38-40) LG (42-44) XLG (46-48) XXL (50-52) Other _____

Days available M T W TH F Times available 4-5 pm 5-6pm 7-8pm 8-9pm

Best way to reach you *Email Text Phone* Signature _____

Office Use Only: Cash _____ Check Amount _____ Check Number _____

Date Entered in Eleyo _____