



Damascus Sports Association
13103 Prices Distillery Rd, Clarksburg, MD 20871
Registration Form

Participant Name: _____ Age: _____

(First) (MI) (Last)

DOB: _____ Weight: _____ Current School: _____ Grade: _____

Home Ph: _____ Alternate Ph: _____

Parent pager/cell phone to be used in cases of emergency: _____

E-mail (Parents): _____ Parent/Guardian Name: _____

(First names and last if different from participant)

Is this a new address? *Print Clearly* YES NO

Street Address: _____ Apt#: _____

City/State: _____ Zip: _____

List any known medical conditions or relevant pre-existing medical conditions including allergies: _____

List any other medical information about the participant that you want the coach to be aware of: _____

Is medication taken on a regular basis? Yes No If yes please list: _____

Participant's Physician: _____ Phone: _____

I acknowledge that I am the parent or legal guardian for the above listed participant. I give permission for my child to participate in the Damascus Sports Association (DSA) Youth Programs. I release the DSA, its coaches, and volunteers from any responsibility for injury or loss before, during or after practices, games, or competitions. I hereby consent to any emergency treatment administered to my child on my behalf. To the best of my knowledge there are no physical or other conditions which may interfere with my child's participation.

I understand that DSA does not provide medical insurance coverage for any accident, injury, or illness and subsequent costs thereto arising from any involvement in any DSA event, be it official or unofficial.

By my signature on this form, I acknowledge that I have received disclosure of this information and, furthermore, that I hold the DSA harmless on any such incident or situation resulting from my child's involvement in the program.

I further acknowledge that as the parent/guardian of the above participant, I must volunteer a minimum of 4 hours of time (if requested/assigned) to assist with the sport.

Parent/Guardian Signature: _____ Date: _____

Note: Registrants may not participate unless the above release is signed by a parent or guardian. All fees must be received prior to games and or competitions.

To be completed by DSA:

Member dues paid: Check # _____ Cash: _____

Registration fee paid: Check # _____ Cash: _____

Other payments/deposits: Check#: _____ Cash: _____

Enter league, division, etc.: _____

Baseball * Softball * Basketball * Cheerleading * Poms * Football * Wrestling * Lacrosse