



3153 Butler Road Rt. 422 East  
New Castle, PA 16101  
Phone (724) 924-9880

### Sports Registration Form

Name \_\_\_\_\_ Program \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Special health needs/special requests \_\_\_\_\_

In emergency contact \_\_\_\_\_

Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Amount Due \_\_\_\_\_ Amount Pd \_\_\_\_\_

### Agreement

1. I hereby certify that my child is in normal health and capable of safe participation in the youth sports program. I assume all risk(s) and hazards incidental to the conduct of this program and for the transportation to and from the program. I hereby authorize Hitters, Hackers, & Hoops to obtain medical treatment for my child in the event that parent(s) and the emergency contact cannot be reached.

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date