

Think Smart Outreach Center, Inc.
55 Think Smart Lane
Erwin, N.C. 28339
(910) 814-8762

Youth Athletics Participation Form

Child's Name _____ Age _____ DOB ____/____/____

Gender (please circle one) Male Female

Parent's Name _____ School Name _____

Address: _____

Home: _____ Work: _____ Cell: _____

E-Mail Address: _____

Please circle the sport your child will be registering for

Volleyball (girls only)

Ages: (6- 8) (9-10) (11-14)

Boy's Basketball

Ages: (16 & under)

Co-Ed Flag Football

Ages: (4-6) (7-9) (10-12) (13-15) (16-18)

Cheerleading

Ages: (4-6) (7-9) (10-12) (13-18)

If you are interested in being a volunteer coach or assistant coach check the box.

Please read and sign: I give my child permission to participate in the above named activity. I understand that the registration price is free and I must provide a copy of the birth certificate. I will not hold Think Smart Outreach Center, Inc. and its staff responsible for any incidents unless it was because of malicious neglect.

Parent Signature: _____ Date: _____

Office Use Only: Receipt Number: _____ Birth Certificate: _____ Staff Initial _____