



<input type="checkbox"/> 5 – 8/yrs	<input type="checkbox"/> 9 – 10/yrs	<input type="checkbox"/> 11 – 12/yrs	<input type="checkbox"/> 13 – 14/yrs	<input type="checkbox"/> 15 – 18/yrs
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WILDCAT YOUTH SPORTS 2019 TRACK & FIELD APPLICATION

APPLICANT INFORMATION

Athlete's Name:	DOB:	Returning Athlete:
Athlete's Name:	DOB:	Returning Athlete:
Athlete's Name:	DOB:	Returning Athlete:

PARENT INFORMATION

Mother's Name:	Father's Name:
Current address:	
Mother's Phone No.:	Mother's Email:
Father's Phone No.:	Father's Email:

EMERGENCY CONTACT

Name:	Relationship:
Home Phone:	Cell Phone:

MEDICAL INFORMATION

Child Known Allergies:		
Dr's Name:	Phone No.:	Hospital:

WAIVER INFORMATION

This waiver of liability is executed in regard to my child or children's participation in all activity with the Wildcat Youth Sports Organization. I understand that my child or children are not required to participate in the activities.

I understand there are certain physical risks created by participating in sporting activities. I will not hold the Wildcat Youth Sports Organization "Responsible" for any injuries, which may occur as a result of my child or children's participation. My child or children has no physical limitations which would prevent him/her from participating.

I acknowledge that we have read the foregoing WAIVER OF LIABILITY and understand it completely and agree not to hold Wildcat Youth Sports Organization responsible for any injuries that may result from my child or children's participation.

SIGNATURES

I acknowledge the above information provided on this form is true and correct.

Parent/Guardian Signature:	Date:
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A COPY OF CHILD'S BIRTH CERTIFICATE REQUIRED W/COMPLETED APPLICATION

(Mandatory Fundraisers)

WYSO Contact No. – 972.480.5278

Mail completed application/checks to:

**Wildcat Youth Sports Organization
P.O. Box 700152
Dallas, TX 75370**

WWW.WILDCATYOUTHSPORTS.ORG