

WASHINGTON ALL SPORTS ASSOCIATION

P.O. Box 11, Washington, OK 73093

<http://www.washingtonallsports.org>

Please **circle** the sport in which your child will be participating.

Baseball T-Ball
(Must be 5 by May 1st)

Baseball

Softball T-Ball
(Must be 5 by July 1st)

Softball

Does your child reside within the Washington School District?	(Yes or No) _____	_____ Initial
Does your child attend Washington Public Schools?	(Yes or No) _____	_____ Initial
-Grade: _____	-Teachers name: _____	
(If not, is your child homeschooled within WPS District?)	(Yes or No) _____	_____ Initial

>>Eligible participants MUST live within the Washington School District AND either attend Washington Public Schools or be homeschooled within WPS District.<<

Please note that your child’s division of play will be determined by the age the child was on January 1 of the current year.

All sign-ups must be received by **Saturday, March 5th**. Late registrations will not be accepted.

If you have special requests such as playing up a division please enter it in the appropriate space below.
All such requests will be considered, but cannot be guaranteed!

Child’s name: _____

Home Address: _____

Home phone #: _____ **Cell #:** _____

Current age: _____ **Birthday- Month:** _____ **Day:** _____ **Year:** _____

Parent/Guardian Name(s): _____

Last Year’s Coach: _____

Special Requests: _____

Fees are: First child \$50, Second child \$45, Third child and all other children \$35 each.

Parent/Guardian consent and report:

I hereby give my permission for the above listed individual to participate in the Washington All Sports Association Program for the _____ playing season. I absolve and release the Washington All Sports Association, its coaches and its officers from any liability on the field or at practice. I accept the responsibility for the uniform and/or equipment provided, and will return said equipment to the coach if the child quits or at the end of the season. I also understand that I will be required to help on workdays.

Parent/Guardian Signature: _____ **Date:** _____

Medical Release:

In the event of sickness, accident or injury, I give my permission for my child to have administered to him/her whatever emergency treatment deemed necessary by the attending doctor, nurse, medication technician or team coach.

My child has the following medical conditions/allergies that should be noted (diabetes, asthma, drug allergies, insect bites, etc.) Please indicate NONE if there are no known conditions.

Parent/Guardian Signature

Date

Name of Insurance Company

Policy Number