

All City Youth Programs
 PO BOX 567, FLORESVILLE, TX. 78114
SPORT PROGRAM REGISTRATION FORM

[] SOCCER
[] VOLLEYBALL
[] BASKETBALL
[] SWIM TEAM

Child Member Information

Last Name	First Name	Date of Birth	Age	Male Female
Address			City & zip	
Parent/Guardian		Home Phone	Cell Phone	
Parent/Guardian		Home Phone	Cell Phone	
Parent/Guardian E-Mail Address				
Emergency Contact		Home Phone	Cell Phone	
Medical Information/ Medications/Conditions				
Doctor's Contact Information				

SCHOOL INFORMATION

Current School: _____
Current Grade: _____
 Type of School: Public Charter Parochial Private GED Exam METCO Alternative Other _____
School Lunch Verification/Child Eligible for: Free Lunch Reduced Lunch Not Eligible
Race/Ethnicity (✓ all that apply): Black Asian Brazilian Caucasian Latino Caribbean Islands Multi-Racial Native American
 Pacific Islander Other _____

HOUSEHOLD INFORMATION

Child lives with (please ✓ all that apply)
 Both Parents Mother Only Father Only Aunt/Uncle Sister/Brother Grandparents Guardian Foster Parent
 Step Parent(s) Other _____

Number of People Living in Household:

Number of Siblings: Brothers/Step-Brothers: Ages: 0-12 mos. ___ 2-4 ___ 5-6 ___ 7-9 ___ 10-12 ___ 13-15 ___
 16-18 ___ Sisters/Step-Sisters: Ages: 0-12 mos. ___ 2-4 ___ 5-6 ___ 7-9 ___ 10-12 ___ 13-15 ___ 16-18 ___

For Parents who request to move their child up into an older age group: I give permission to move my child up one age group and I understand that my child will be playing with older children and could possibly get injured. I do not hold ACYP, the City of Floresville, or the 4A Corporation liable.

Signed: _____ **Date:** _____

Uniform Shirt Size:	Player T-Shirt Size: [] YS [] YM [] YL [] AS [] AM [] AL [] AXL [] 2XL
	Coach T-Shirt Size: [] YS [] YM [] YL [] AS [] AM [] AL [] AXL [] 2XL
	Team Spirit Shirt: [] YS [] YM [] YL [] AS [] AM [] AL [] AXL [] 2XL

Parental Consent

I parent/guardian of the above named child, hereby give my permission for his/her participation in the elected sport above and I attest by my signature below that the information is factual and accurate to the best of my knowledge. I attest that this registration form is signed with the understanding that All City Youth Programs (ACYP), the City of Floresville, the 4A Corporation, or the San Antonio River Authority will not be held responsible for any sickness or injury that the applicant may receive while in attendance or participating in any of our programs. If the parent cannot be contacted in case of a medical emergency, I give permission to call 911, at my expense. No insurance is provided by ACYP, the City of Floresville, 4A Corporation or the San Antonio River Authority. Refunds will not be given out once practices have begun. Unless I send ACYP a letter to state otherwise; I will allow my child to be photographed for the ACYP web page and other ACYP promotions.

Parent/Guardian Signature

Date