

# RAVENSWOOD YOUTH ATHLETIC ASSOCIATION

1290 Cypress Street • East Palo Alto • CA • 94303 • (650) 331-0382 • <http://www.ryaa.org>



Sport:  Karate  Flag Football  Tennis  Wrestling

## Player's Information/Información del jugador

First Name/Nombre		Last Name/Apellido	
Address/ Dirección			Apt.
City/Ciudad		Zip	Home Phone#/ Teléfono
Player's Cell Phone #	Player Email Address		

Birthdate/Fecha de Nacimiento	Gender/Sexo <input type="checkbox"/> M <input type="checkbox"/> F
School/Escuela	Grade/Grado
Church/Iglesia	Shirt Size:
Relatives/Friends to put on same team:	

## Emergency and Medical Information

Emergency Contact (not living with child)/Contacto de Emergencia (no viviendo con ustedes)	Emergency Contact Phone #/Teléfono
Disabilities, handicaps, allergies to medication, current injuries, etc. / desventajas, alergias a la medicación, lesiones, etc.:	

## Father/Padre

First Name/Nombre	Last Name/Apellido	Home Phone/Teléfono en casa	Cell Phone
Work Phone/Telefono de trabajo	Email	I will volunteer as: <input type="checkbox"/> Coach/Entrenador <input type="checkbox"/> Referee/Arbitro <input type="checkbox"/> Other:	
Occupation and skills (e.g. landscaping, plumbing, data entry, translation, etc.)/ ocupación y capacidades (cómo jardinero, fontanero, entrada de datos)			

## Mother/Madre

First Name/Nombre	Last Name/Apellido	Home Phone/Teléfono en casa	Cell Phone
Work Phone/Telefono de trabajo	Email	I will volunteer as: <input type="checkbox"/> Coach/Entrenador <input type="checkbox"/> Referee/Arbitro <input type="checkbox"/> Other:	
Occupation and skills (e.g. landscaping, plumbing, data entry, translation, etc.)/ ocupación y capacidades (cómo jardinero, fontanero, entrada de datos)			

**EMERGENCY AUTHORIZATION:** I, the undersigned parent or legal guardian of the above player, a minor, hereby authorize the coaches, team parents, the above-identified Emergency Contact and/or other RYAA officials to act as my agents in the capacity of activity supervisors and vehicle drivers, and to consent to medical, surgical or dental examination and/or treatment.

**CONSENT TO USE PHOTOGRAPHS AND VIDEOS:** I, the undersigned parent or legal guardian, consent to the use of photographs and videos of my child by the RYAA for promotional purposes, and without compensation.

**ASSUMPTION OF RISK AND WAIVER:** In consideration of being allowed to participate in the Ravenswood Youth Athletic League (RYAA) athletic sports programs, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release, discharge and hold harmless the Ravenswood Youth Athletic Association, Inc., their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event, with respect to any and all injury, disability, death, or loss or damage to person or property, to the fullest extent permitted by law, whether arising from negligence or otherwise.

**I have read the above statements, I understand that I and the above player have given up substantial rights by signing this form and agreeing to these terms, and I agree to these terms freely and without inducement.**

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

For Office Use Only		
Height	Weight	Size
DOB	Check #	Amount