

STANDARD OF ATHLETICS REGISTRATION FORM
YOUTH SPORTS 6U-HS



Please complete this registration form and return to SOA with payment

Name _____ Gender _____ Age _____

Date of Birth _____

Address _____ Zip _____

City/State _____

Parent/Guardian Name _____

Phone Number _____

Parent/Guardian Name _____

Phone Number _____

Emergency Contact _____

Relation _____

Phone Number _____

Please circle size needed

Jersey Size: **Youth** - XS S M LXL

Jersey Size: **Adult**- S M LXLXXL

Please circle age division

Age Division: 6U 8U 10U 12U 14U HS



I hereby release Standard of Athletics and its appointed leadership from any responsibility for liability. I recognize that there may be times when parents disagree with the decisions made by coaches and referees during games. Nevertheless, I commit to behaving in a manner that aligns with the principles of and objectives of Standard of Athletics. I understand that our actions on the sidelines should not negatively affect the children on the court. Additionally, **I acknowledge that no refunds will be provided unless Standard of Athletics cancels the age division.**

Parent/Guardian Signature _____

Date _____

For office use only:

Date: _____

Age Division: _____

Amount Paid: _____

Registration Taken By: _____

League Signature: _____