



MEMBERSHIP APPLICATION

My child is interested in: **Fishing** **Boating**

YOUTH INFORMATION

Child's Name: _____
 Last First M.I.

Address: _____
 Street Address Apartment/Unit #

_____ City State Zip Code

Home Phone: _____ **Alternate Phone:** _____

Birth Date: _____ (mmddyyyy) **Male** **Female**

School: _____ **Grade:** _____

Child's Limitations or Cautions: _____

Special Requests (requests are not guaranteed): _____

T-Shirt Size: Youth Small (6-8) Youth Medium (10-12) Youth Large (12-14)
 Adult Small Adult Medium Adult Large

PARENT/GUARDIAN INFORMATION

(1) Parent/Guardian Name: _____ **Phone:** _____

(2) Parent/Guardian Name: _____ **Phone:** _____

Email Address: _____

Emergency Contact (other than household): _____ **Phone:** _____

I am willing to volunteer as: **Coach** **Assistant Coach** **Referee** **Other**

Everyone is Welcome! The UCA is a membership organization open to all people.

Financial Assistance: If you cannot afford the full cost of a program or membership, please ask for a confidential scholarship application. Financial assistance, to the extent possible, is available to those in need.

AUTHORIZATIONS and RELEASE:

Photograph Permission: I give permission for the UCA to use any pictures of my child for future promotional purposes.

Medical Treatment: I hereby give permission for my child to be given cardiopulmonary resuscitation (CPR) and first aid treatment by a qualified staff member of the UCA. In the event I cannot be contacted, I also give permission for my child to be transported by ambulance or aid car to an emergency center for treatment. I further consent to the disclosure of health information and to the medical, surgical and hospital care treatment and procedures (including, but not limited to, administration of necessary anesthetics, tests, x-ray examinations, transfusions, injections, drugs) to be performed for my child by a licensed physician or hospital selected by the UCA director when deemed immediately necessary or advisable by the physician to safeguard my child's health.

Insurance: It is the responsibility of every individual, their parent or legal guardian, to provide for their own accident and health coverage while participating in all UCA activities. The UCA of Greater Atlanta does not provide any such coverage for its participants.

Release from Liability: Recognizing that the UCA will do its best to ensure a safe experience, I understand that accidents may occur both from my child's participation in youth sports activities and from transportation to and from the program. I agree to assume these risks. By signing below, I release the UCA of Greater Atlanta, its employees, volunteers, independent contractors, directors and agents from all liability based on any damage, loss or injury whether it is the result of ordinary negligence or otherwise, caused to my child or to me, from participation in the youth sports program.

I have read and understand the above and have completed this form to the best of my ability. I also support the UCA youth sports philosophy, which is based on participation, fun, physical fitness and health, skill development, teamwork, fair play, family involvement and volunteer leadership.

Signature of parent or legal guardian: _____ **Date:** 4/2/2009