		AGE GROUP	VERIFIED BY

Ventura Tigres

Age/Eligibility Verification ♦ Parent/Athlete Code of Conduct

Volunteer Obligation Acknowledgement ♦ Emergency Medical Release

Bring this completed front page and copy of childs birth certificate to first day of practice for each registered child).

We only need to verify the birth certificate, you do not need to bring us a copy to keep.

Childs Name:

First	Last	DOB

Parent/Gaurdian:

First	Last

Emergency Contact #1 (Name/Phone)	Emergency Contact #2 (Name/Phone)

Medical Info:

Doctor	Dr Phone	Ins Co	Policy # & Group ID

List any and all conditions or limitations which may affect the applicantys ability to participate in this sport and also list and and all medications child is currently taking:

List and and all allerigies to medications and any specific request for the handling of your childs medical needs:

Emergency Treatment Release:

By signing below, I acknowledge that I have read the emergency treatment release form, and I hereby agree to the release form and understand that it applies to the above listed child

X   x

Parent/Gaurdian (Printed Name)	Date	Parent/Gaurdian (Signature)	Date

Code of Conduct

Parent

I/We, the above named parent(s), have read and agree to uphold the "Parents Code of Conduct"

X   X

Parent/Gaurdian	Date	Parent/Gaurdian	Date

Child/Athlete

I, the above named child, have read and agree to uphold the "Athletes Code of Conduct"

X

Athlete	Date

Tigres Volunteer Commitment Agreement

I/we, the above signed parent(s)/guardian(s) understand the importance of the volunteer obligation required to run a meet. I/we further understand that failure to fulfill this obligation will impact our eligilibilty for "Priority Registration" status any following season.

Parent/Gaurdian	Date	Parent/Gaurdian	Date