

GROUP	 <h1 style="margin: 0; display: inline-block; vertical-align: middle;">2013 Ventura Tigres</h1>	VERIFIED
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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
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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)	Parent/Gaurdian (Signature)
Date	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	Parent/Gaurdian
Date	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 eligilbilty for "Priority Registration" status any following season.

Parent/Gaurdian	Parent/Gaurdian
Date	Date

