

# PENNDEL WILDCATS ATHLETIC ASSOCIATION MEMBERSHIP APPLICATION

## SPORT REGISTRATION

YEAR \_\_\_\_\_

| BASEBALL        | FOOTBALL          | CHEERLEADING             | SOFTBALL   |
|-----------------|-------------------|--------------------------|--|
| Child's Name    |                   | Club Membership \$ _____ | Fund Raising Fee \$ _____                                    |
| Address         |                   | Sport Fee \$ _____       | Stand Deposit \$ _____                                       |
| Town            |                   | Amount Paid \$ _____     | Cash <input type="checkbox"/> Check <input type="checkbox"/> |
| Home Phone      | Date of Birth     | Father                   | Occupation   |
| Emergency Phone | Birth Certificate | Mother                   | Occupation   |

Please accept my application for membership with the PennDel Wildcats Athletic Association. I agree to help improve the Club and to abide by the rules and regulations. This membership entitles me to vote at the General Membership Meeting, provided I have attended at least four (4) meetings in the preceding calendar year.

**\$25.00 Fee for Returned Checks**

Signature \_\_\_\_\_

I, the parent of the above candidate for a position on the Wildcats team, hereby give my approval to his/her participating in any and all Wildcat activities during the current sport season. I assume all risks and hazards incidental to such participation including transportation to and from activities and I do hereby waive, release, absolve, indemnify and agree to hold harmless the PennDel Wildcats Athletic Association, the organizer, sponsors, supervisors, participants and persons transporting my child to or from activities, for any claim arising out of an injury to my child except to the extent and in the amount covered by the Association's accident or liability insurance as specified in the Association By-Laws, provided such claims are not covered by my private medical insurance plan. (Specify plan name: \_\_\_\_\_ )  
I agree to return upon request the uniform and other equipment in the same condition issued to my child. I agree to abide by all rules and regulations set up by the Wildcats governing this sport.

As an active member and parent of a child participating in this sport, I pledge eight (4) hours of work in this program. A separate check of \$50.00 will be required at registration to be refunded at completion of work. A mandatory fund-raising event will take place during the season.

**ANY PARENT NOT FULFILLING HIS/HER OBLIGATION WILL HAVE HIS/HER CHILD REMOVED FROM THE TEAM.**

### PARENT PERMISSION -- EMERGENCY MEDICAL CARE

Player's Name(s) (please print) \_\_\_\_\_

I (we), the undersigned parent (legal guardian), do hereby grant permission to any licensed physician to perform or provide necessary emergency medical care or aid to my son/daughter, (name) \_\_\_\_\_ in connection with playing of baseball, football, cheerleading or softball.

**NOTE:** Does the player have any mental or physical condition that might require special attention at practice or games?  
 Yes                      No                      If yes, please explain: \_\_\_\_\_

Parent (Guardian) Signature: \_\_\_\_\_

Email Address: \_\_\_\_\_