

Youth Leagues Registration Form

Youth League: T-BALL COACH PITCH SOCCER FLAG FOOTBALL CHEERLEADING
(Please Circle)

Participant Name:

Address (City, State, Zip):

D.O.B.:

Age (once season starts):

Participant's T-Shirt Size:

YS YM YL AS AM AL AXL

(Y=Youth | A= Adult)

Parent/Guardian Name:

Phone #1:

Phone #2:

Email: (please write legibly and clearly indicate dashes or underscores—team info will be sent here)

Sibling Name(s):

Age(s):

Emergency Contact:

Phone:

If participant has any **disabilities** or **health conditions**, please see back of form for questionnaire.

Coach Volunteer Name: (\$25 discount)

Phone:

Email:

T-Shirt Size:

Total Amount:

\$

Payment Methods:

Mailed registration should include payment by check, payable to "LRPRA", in order to secure registration. Check, cash, and credit or debit (with 3% processing fee + \$.30) are accepted at the Association office.

Refund Policy:

Refunds and changes will **NOT** be granted once registration has **closed**. The program cost minus **\$10.00 processing fee** will be refunded with **formal request** if submitted before close of registration.

Hold Harmless & Photo Release Agreement:

I hereby waive, release and hold harmless Lake Ridge Association from any and all damages, actions, claims, or causes of action for any loss, damage, or injury suffered by guests, my invitees, or me during participation in this program. I also attest that participant is physically fit and in good health to participate. In addition, by signing below, I voluntarily allow Lake Ridge Association to publish any photos of me, my guests or participating family at their events for use in the Lake Ridge Today magazine and on the Association website, www.lakeridgeva.com, to advertise the community atmosphere of the Association.

Parent/Guardian Signature (18+ years of age):

Date:

****NO TEAM REQUESTS****

**We will not accept Team Requests for ANY reason.
Teams will be put together at random.**

Questionnaire for Participants with Disabilities/Health Conditions

1. What is the participant's disability and the extent of the disability?

2. Please describe the participant's abilities and limitations regarding fine motor skills (such as grasping and manipulating objects).

3. Please describe the participant's abilities and limitations regarding gross motor skills (such as walking, throwing or jumping).

4. Does the participant have any special medical condition that we should be aware of (such as a seizure disorder or allergies)? If seizures are part of the health condition, please complete the last section of this questionnaire.

5. How does the participant communicate?
 Verbally Non-verbally Sign Language Communication Board
6. If the participant has difficulty communicating, what is the degree of difficulty?

7. Is the participant usually able to listen to and follow directions appropriately?

8. Does the participant exhibit any behaviors that might interfere with programming (noncompliance, hitting self or others, or tantrums)?

9. Is the participant currently on a behavior management program? If yes, please describe:

10. What type of reinforcement and/or rewards work best to keep the participant motivated and focused?

11. What is the participant's attention span?

12. Is there any other information you would like to share that may be helpful?

For participants with a seizure disorder:

Health Care Provider: _____ Phone: _____

Receiving treatment? *Yes* *No* Type of disorder: _____

1. What is the likelihood and frequency of seizures during program hours?

2. Describe any limitations specified by a health provider:

3. Describe a typical seizure pattern, including typical length of seizure:

4. In the event of a seizure, what would you like us to do?
