



# Greater Levels

## Event Registration

Child's Name: \_\_\_\_\_ \*Age: \_\_\_\_\_ \*Grade: \_\_\_\_\_  
Home Phone: (     ) \_\_\_\_\_ \*Cell Phone: (     ) \_\_\_\_\_  
\*Street Address: \_\_\_\_\_  
\*City: \_\_\_\_\_ \*Zip: \_\_\_\_\_  
\*Parent/Guardian Contact: \_\_\_\_\_  
\*Email Address: \_\_\_\_\_  
\*Emergency Contact (other than household): \_\_\_\_\_

**Everyone is welcome:** GLYA is an organization that is open to all **"NO CHILD LEFT BEHIND"**

**Financial Assistance:** If you cannot afford the full cost of the program, please see Jarvis, financial assistance is, to the extent possible is available to those in need.

**Insurance:** It is the responsibility of every individual, their parents, legal guardian, to provide for their own accident and health coverage while participating in all GLYA activities.

**GLYA DOES NOT PROVIDE ANY SUCH COVERAGE FOR ITS PARTICIPANTS.**

**Prayer before games:** I understand that prayer to God will be said before every game without question.

**Photograph Permission:** I hereby give permission for GLYA to use any pictures of my child for future promotional purpose .

**Medical Treatment:** I hereby give permission for my child to be given CPR and first aid treatment by a qualified staff member of GLYA. In the event that I can't 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 the medical, surgical and hospital care treatment 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 GLYA Director when deemed immediately necessary or advisable by the physician to safeguard your child's health.

**Release from liability:** Reorganization the GLYA 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 GLYA, and its employees, volunteers , independent contractors, directors, and agents based on any damage, loss or injury whether it is the result of ordinary negligence, caused to my child or to me, from participating in the youth program. I have read and understand the above and have completed this form to the best of my ability. I also support the GLYA philosophy, which is based on participation, fun, physical fitness, and health, skill development, team work, fair play, family involvement, volunteer, and leadership

**Signature of Parent or Guardian:**

\_\_\_\_\_ **Date:** \_\_\_\_\_