

MEMBERSHIP/
REGISTRATION FORM

CARMEL DADS' CLUB

Special Sports 2024
www.carmeldadsclub.org

E-MAIL TO: Sheila Schildbach
schildbach@msn.com

PARENT/GUARDIAN #1 NAME:

Last Name: _____ First Name: _____

CELL PHONE: _____ E-MAIL: _____

PARENT/GUARDIAN #2 NAME:

Last Name: _____ First Name: _____

CELL PHONE: _____ E-MAIL: _____

PARENT/GUARDIAN WILL ASSIST IN:

1. _____ Coaching
2. _____ Assistant Coach
3. _____ Bowling Banquet

**Program Offered for 2024:
Bowling (January-March 2024)**

I grant permission for my child to be photographed.

CHILD'S MEDICAL CONDITION: Please indicate.

1. _____ Wheelchair
2. _____ Walker

3. OTHER IMPORTANT INFORMATION:

Please Sign: _____
(Parent's Signature)

CHILD'S
NAME: _____

Last

First

PHONE (If Different): _____

AGE (CURRENT): _____ BIRTHDATE: Month _____ Day _____ Year _____

GRADE IN SCHOOL: _____ SEX: _____ MALE _____ FEMALE

PARENT CONSENT AND RELEASE / CODE OF CONDUCT:

I hereby give my consent to participate in the Youth League Program sponsored by the Carmel Dads' Club and all personnel associated with the program shall not be held liable for any injury whatsoever my child may sustain in the activities thereof. I also certify that I know of no physical problems or conditions of my child which would impair participation in the program. I authorize the coach, or his/her representative, to secure first aid and/or the services of any legally qualified physician or hospital, and agree to assume all financial obligations connected therewith.

PARENT
SIGNATURE _____

DATE _____