

Rome Youth Activities, Inc.
2012 Player Participation Form

Please complete the form and return to Head Coach.

Player Name: _____ DOB: _____

Parent (s) _____

Contact Information:

Phone: (h) _____ (c) _____ (w) _____

Address _____

City, State, Zip: _____

I have chosen to play with the Rome YOUTH ACTIVITIES, INC. league for the 2012 Spring Season. I have further chosen to play on the _____ (age) team for _____ (coach)

Player Signature

Date

I agree to my child playing on the above mentioned team and for the above mentioned coach.

Parent's Signature

Date

Coach's Acceptance:

Coach's Signature