

Youth ULTIMATE Winter LEAGUE - Registration Form

Name: _____ School: _____

Date of birth: _____ Age: _____ Grade in school: _____

Shirt Size: _____ Jersey Number: _____ Alternate Number: _____

PLEASE, FRIEND us on Facebook (Ultimate Spirit Organization) and bookmark our website!
How can we communicate with you?

E-mail: _____ text number: _____

Player Ranking: 4 3 2 1 Team Color: _____
(Circle one) (leave this blank)

1 = a junior or senior with middle school and high school experience. This player has participated in league play and has state tournament experience. **2** = a sophomore who has participated in league and tournament play. **3** = a junior or senior who is participating for the first season, or a freshman who has played in middle school. **4** = a freshman or soph. player who participating for the first time.

Emergency Information

Contact Name: _____

Contact Phone Number: _____

Insurance Provider: _____

Policy Number: _____

Cost is \$65 per player. Sponsorship is available for those in need of assistance. Checks should be payable to Texas, Ultimate! Postmark deadline for completed waivers and is January 7, 2012. Mail to: Texas, Ultimate! PO BOX 3567 Austin, TX 78764-3567.

I give my permission for _____ to participate in the Youth Ultimate League that will be held at Travis High School, meeting on SUNDAY Afternoons from 2:00pm-6:00pm. Beginning on January 22, 2012 and playing for six weeks, teams will play two games each week (January 29, February 5th, 12, 19 and 26). Mixed Teams will be drafted on January 16 at the MLK Play Day. Please, plan to attend and meet players from other schools on a school holiday at the East SIDE COMMUNITY FIELD. **Completed Registration Waivers must be received by 5pm on January 16th.** Ultimate Spirit Organization travel guidelines advise that no one **under 25 years of age** should drive other players. Those who are **18 years old may drive themselves**, but are requested to have **no passengers** while traveling to and from league play.

I, _____ am willing to provide transportation
(name of parent) (phone number)
for players who are traveling from a distance of 10 miles or more.

I understand that Texas, Ultimate! does not provide accident and hospitalization insurance, and there is some inherent risk or danger in participating in Ultimate activities. I do not hold Texas, Ultimate! liable for accident or injury resulting from participation in the league. As an Ultimate Player, I accept responsibility to participate in warm-up and skills development activities; so as to avoid injury. I understand my role as a participant in a self-regulated sport. By signing, I give consent for treatment to be provided as needed in the event of injury or illness. Further, I give Texas, Ultimate! permission to use my players' image in it's promotional materials including, but not limited to, brochures and website. I understand my child's name will never be used in conjunction with his/her image.

Signature of Player

USAU ID#

Signature of Parent/Guardian

Date