

Native Warrior Athletics Registration

NATIVE BOYS AND GIRLS AGES 9-19

2021-2022 Season

ATHLETE'S NAME _____

AGE _____ GRADE _____

PARENT'S NAME _____ PHONE _____

EMAIL _____

TRIBAL AFFILIATION _____

ADDRESS _____

SCHOOL _____

EMERGENCY CONTACT INFORMATION:

NAME _____ PHONE _____

ATHLETE HEALTH/BEHAVIORAL CONSIDERATIONS (MEDICATIONS, ETC)

PARENTAL RELEASE: I approve of my child's participation with Native Warrior Athletics program and I certify that he/she is in good health. I hereby release all liability. I acknowledge that I am responsible for any injury or medical expense incurred.

Parent Signature _____

I approve of photos/pictures/video taken of my child for promoting UNEA purposes only (Initial) _____

Submit this form and any questions you may have to UNEAprogramcord@gmail.com