

MEMBERSHIP/  
REGISTRATION  
FORM

CARMEL DADS' CLUB  
5459 East Main Street  
Carmel, Indiana 46033  
317-846-1663  
FAX 317-571-8445

Special Sports  
[www.carmeldadsclub.org](http://www.carmeldadsclub.org)

PARENT'S NAME: MR. MRS. MS.

\_\_\_\_\_  
Last Name First Name

ADDRESS: \_\_\_\_\_  
Street

\_\_\_\_\_  
City and State Zip Code

SPOUSE \_\_\_\_\_ HOME PHONE \_\_\_\_\_ BUS./CELL PHONE \_\_\_\_\_

E-MAIL  
ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- PARENT WILL ASSIST IN:
1. \_\_\_\_\_ Coaching
  2. \_\_\_\_\_ Assistant Coaching
  3. \_\_\_\_\_ Soapbox Derby
  4. \_\_\_\_\_ Bowling Banquet

- PLAYING DISABILITY:
1. \_\_\_\_\_ Wheelchair
  2. \_\_\_\_\_ Walker
  3. Diagnosis: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SPECIAL SPORTS:** (Please check all sports your child will play.)

T-Ball / Soccer...../\_\_\_\_/

Soapbox Derby...../\_\_\_\_/

Tennis / Volleyball...../\_\_\_\_/

Basketball...../\_\_\_\_/

Bowling...../\_\_\_\_/

**I grant permission for my child to be photographed.**

Please sign: \_\_\_\_\_  
(Parent's Name)

Child's  
Name: \_\_\_\_\_  
Last First Phone #

Street City and State Zip Code

AGE TODAY: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_  
Month Day Year

GRADE IN SCHOOL: \_\_\_\_\_  
(During Sport Season) SEX: \_\_\_\_\_ BOY \_\_\_\_\_ GIRL

**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. In the event my child is injured, I authorize the coach, or his 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 \_\_\_\_\_