



2017 National Youth Sports Program Registration Form

Camper's Name: _____ Date: _____

Male Female ____/____/____ Date of Birth
_____ Age Grade for 2017/18 School Year: _____

School Name: _____ Have you attended NYSP before? No Yes # of years _____

Will camper be riding the bus? No Yes T-shirt size: SM MED LG XL

Parent/Guardian: _____

Home Address: _____

_____ City State Zip Code

Email Address: _____

Home Phone: _____ Work /Mobil Phone: _____

Emergency Contact: (Other than Parent or Guardian)

Name: _____ Relationship: _____

Phone: _____

_____ Date: _____

Signature of Parent or Guardian

Office Use Only	Check# _____	Cash <input type="checkbox"/>	Credit <input type="checkbox"/>	On-line <input type="checkbox"/>
Age: _____	Group #: _____	Fee Paid: \$ _____		
Medical Form: Yes <input type="checkbox"/> No <input type="checkbox"/>	Media Release: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Lunch Form: Yes <input type="checkbox"/> No <input type="checkbox"/>	Program Release: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Special dietary or other needs: Yes <input type="checkbox"/> No <input type="checkbox"/>				