



Player / Participant Information:

CONFIDENTIAL

Name:		Age:	Gender: M / F	Sport / Activity:	
Address 1:		City:		State:	Zip:
Address 2:		City:		State:	Zip:
Phone:		E-Mail:			
Throwing arm: (Please check one): <input type="checkbox"/> Left <input type="checkbox"/> Right	Height:	Weight:	Shoe size:	Pant size:	Shirt size:

Father /Guardian Information:

Name:		Employer:	Annual Income:
Number of dependents:		Number in Household:	

Mother / Guardian Information:

Name:		Employer:	Annual Income:
Number of dependents (If different from above):		Number in Household: (If different from above):	

Gear / Equipment Requested (Please be specific; Include sizes if possible):

Please explain reason for request:

Registration fees (please check appropriate box):

<input type="checkbox"/> Have been paid	<input type="checkbox"/> Will be paid	<input type="checkbox"/> Need help paying	<input type="checkbox"/> Requesting financial support from Add Some Color
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I/ We acknowledge that participation in sports and/or activities may result in injuries and protective equipment does not prevent all injuries to players and/or participants and do hereby waive, release, absolve, indemnify and agree to hold harmless Add Some Color from activities for any claim arising out of any injury to my/our child whether the result of negligence or any other cause during any sporting contest and/or activity. I/We further grant permission for my/our child to receive the equipment contributed by Add Some Color.

Parent / Guardian Signature

Date:

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