

**CAMP PENDLETON YOUTH SPORTS**  
**WINTER REGISTRATION OCTOBER 5 - OCTOBER 30, 2009**  
**(CIRCLE ONE) CHEERLEADING OR BASKETBALL**  
**REGISTRATION FEE: \$25.00 EACH CHILD**  
**SEASON DECEMBER 5, 2009 - FEBRUARY 13, 2010**

Your registration fee of \$25.00 includes: Team shirt and end-of-season awards.

PERSONAL INFORMATION		
CHILD'S FULL NAME:	GENDER:    MALE    FEMALE	
PARENTS' NAME:		
ADDRESS:	CITY/ZIP:	
TELEPHONE: (    )	E-MAIL:	
SPONSOR RANK/UNIT:		
SPONSOR WORK PHONE:	SPOUSE WK PHONE:	
EMERGENCY NAME AND PHONE (OTHER THAN ABOVE):		
HOUSING AREA: (If you do not live aboard Camp Pendleton, please mark the housing area nearest you for practice purposes.)		
MAINSIDE (O'Neill, San Luis Rey, Deluz, Serra Mesa)	_____	STUART MESA _____
FRONTGATE (Wire Mt, Del Mar, Pacific View, Forest Hills)	_____	SAN ONOFRE _____
AGE DIVISION		
DATE OF BIRTH:	AGE AS OF JAN 16, 2010:	YEARS OF EXPERIENCE:
Please attach a copy of your child's Birth Certificate or Military I.D. (front & back), <u>if not already on file.</u>		
PARENT VOLUNTEERS		
<i>Parent participation is needed for a successful season! If you are interested in helping, please complete the following information or contact Camp Pendleton Youth Sports at (760) 725-4188. (Certification provided)</i>		
HEAD COACH:(NAME)	(Complete coach registration form)	
ASST. COACH:(NAME)	(Complete coach registration form)	
TEAM PARENT:(NAME)	(Assist coach w/ administrative duties)	
HOLD HARMLESS AGREEMENT/MEDICAL RELEASE		
<p>The Parent or Guardian and minor fully understands that there may be some inherent risk involved in the Event/Activity in which the minor desires to participate in. Participation is voluntary and the Parent or Guardian agrees to assume the risk of personal injury for the minor. In addition, the Parent or Guardian agrees to indemnify and hold harmless the United States Marine Corps and MCCS, its officers, employees, successors, and assigns from and against any and all claims, damages, liability, losses including reasonable attorney's fees and cost of suit, arising out of the minor's participation in an MCCS Event/Activity. By signing of the agreement, the Parent or Guardian and minor certifies that they fully understand the risks and dangers involved in the Event/Activity. In the case of injury, the Parent or Guardian grants consent for the minor to receive emergency medical treatment.</p>		
Parent Signature:_____		
Special Medical Consideration (e.g., allergy, medication):_____		
<b>Please make check payable to <u>MCCS 0140</u> (CASH, CHECK OR MONEY ORDERS ACCEPTED)</b>		
Comments:		
**FOR OFFICIAL USE**		
Receipt # _____	Location of Registration: _____	Date received: _____ Initials: _____