

Coach Derek, Inc. Participant Registration Form

PLEASE PRINT:

Parent/Guardian Name _____

Address _____ City _____ State _____ Zip _____

Home Phone (_____) _____ Work Phone (_____) _____

Email Address _____ @ _____

Emergency Contact _____ Emergency Contact Phone (_____) _____

Participant's First Name	Last Name	Age	Class Name	Day/Week	Time	Fee
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Registration and payments can be mailed to: Coach Derek, Inc. - PO Box 1260 Manhattan Beach, CA 90266
(Please make all checks payable to Coach Derek, Inc.)

RELEASE OF LIABILITY - Signature required for all participants

I, the undersigned participant, parent, or guardian, do hereby agree to participate and/or allow the individual(s) named herein to participate in the aforementioned activity(ies) and further agree to indemnify and hold harmless Coach Derek, Inc., its agents and employees from harm, accidents, personal injury or property damage which may be suffered by the aforementioned individual(s) arising out of, or in any way connected with the participation of the activity.

Signature of Parent/Guardian _____ Date _____

Visit our website www.coachderek.com for more information and additional class schedules! Or call 310.503.8885.



BASKETBALL FOOTBALL BASEBALL SOCCER LACROSSE
Youth Sports for Boys & Girls Ages 2-14