



City of Aventura Community Services Department

Participant Information form for Youth Athletics

Please print and fill out completely

Participant Name:		Age:	Date of Birth:	Sex: M F
Street Address:		Name of Current School:		
City:		Current Grade:		
State:	Zip:	Home Phone:		
Shirt Size: (Please circle only one)	Youth: Small Medium Large	Adult: Small Medium Large X-Large		
Pant Size: (Please circle only one)	Youth: Small Medium Large	Adult: Small Medium Large X-Large		
Specify any Allergies or Special Needs:				
Special Requests: (Special requests are not guaranteed)				
Parent / Guardian Information				
Name:		Relationship to participant:		
Street Address: (if different from participant):		Home Phone:		
City:		Business Phone:	Ext.	
State:	Zip:	Cell Phone:		
E-Mail Address:*				
Name:		Relationship to participant:		
Street Address: (if different from participant):		Home Phone:		
City:		Business Phone:	Ext.	
State:	Zip:	Cell Phone:		
E-Mail Address:*				
Emergency Contact Information				
List at least one person who can respond to an emergency in the event that the Parent/Guardian cannot be reached. <i>Please print clearly.</i>				
Name	Relationship	Day Phone	Alternate Phone	
Volunteer Opportunities				
The City of Aventura is always looking for parent volunteers. If you are interested in being a coach, an assistant coach, or a team parent, please let us know. All volunteers must undergo a background check through the Department of Florida Law Enforcement and attend a training session prior to the start of each season.				
Name: _____		Contact Number: _____		
<i>Official Use Only</i>				
<input type="checkbox"/> Form is completed and legible. <input type="checkbox"/> Confirm age of participant. Copy of Birth Certificate is attached <input type="checkbox"/> Proof of Residency required: Valid Drivers License, Utility Bill, Deed or Lease, School Records, Voters Registration <input type="checkbox"/> Parent Code of Ethics signed and attached <input type="checkbox"/> If necessary update household information in RecTrac.				
Employee Name: _____		Date: _____		

***Under Florida law, e-mail addresses are public records. If you do not want your e-mail address released in response to a public-records request, do not send electronic mail to this entity. Instead, contact this office by phone or in writing.**