



City of Aventura Community Services Department

Youth Athletics Participant Information Form

Please print legibly

Participant Name:		Age:	Date of Birth:	Sex: M F
Street Address:		Name of Current School:		
City:		Current Grade:		
State:	Zip:	Cell Phone:		
Shirt Size: (Please circle only one)	Youth: Small Medium Large	Adult: Small Medium Large		
Pant Size: (Soccer and Little League only)	Youth: Small Medium Large	Adult: Small Medium Large		
Specify any Allergies or Special Needs:				
Days of the week you <u>CAN NOT</u> practice:				
Email Address:				
Parent / Guardian Information				
Name:		Relationship to participant:		
Street Address: (if different from participant):		Home Phone:		
City:		Business Phone:	Ext.	
State:	Zip:	Cell Phone:		
Name:		Relationship to participant:		
Street Address: (if different from participant):		Home Phone:		
City:		Business Phone:	Ext.	
State:	Zip:	Cell Phone:		
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	Cell Phone	Alternate Phone	
Volunteer Opportunities				
The City of Aventura is always looking for parent volunteers. If you are interested in being 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: _____		
Youth Athletic Magazine				
<i>In our efforts to go green, The City of Aventura's Youth Athletic Magazine is available online at www.cityofaventura.com. Parents/Guardians will be held responsible for all information in this handbook. If you have any questions, please feel free to contact Waterways or Founders Park.</i>				
Parent/Guardian Signature: _____		Date: _____		
<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, 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: _____		