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## ATHLETIC PROGRAMS

## REGISTRATION FORM

Parent/Guardian: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Email: \_\_\_\_\_ ☐ Opt out: Please check if you do not want to be added to our newsletter distribution list.

### PARTICIPANT INFORMATION

Player's Name:		Birthdate*:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Division (all that apply): <input type="checkbox"/> A (18u) <input type="checkbox"/> B (14u) <input type="checkbox"/> C (11u) <input type="checkbox"/> D (7u)	Team playing for (tribe/org):
Sport: <input type="checkbox"/> Basketball <input type="checkbox"/> Volleyball <input type="checkbox"/> Flag Football <input type="checkbox"/> Softball <input type="checkbox"/> Soccer <input type="checkbox"/> Soft Lacrosse <input type="checkbox"/> Other:					
Community Affiliation (if playing A & B League only): <input type="checkbox"/> Native American <input type="checkbox"/> Immediate Family <input type="checkbox"/> Live on Reservation <input type="checkbox"/> Non-Native attending a reservation school, ____ yrs/ITS					
Shirt size: <input type="checkbox"/> Youth Small <input type="checkbox"/> Youth Medium <input type="checkbox"/> Youth Large <input type="checkbox"/> Adult Small <input type="checkbox"/> Adult Medium <input type="checkbox"/> Adult Large <input type="checkbox"/> Adult XL <input type="checkbox"/> Adult 2XL <input type="checkbox"/> Adult 3XL <input type="checkbox"/> Adult 4XL					
Ethnicity: <input type="checkbox"/> Native American (enrolled rez: _____) <input type="checkbox"/> Native American (not enrolled) <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Other:			Allergies/Medical Conditions:		
Player's Name:		Birthdate*:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Division (all that apply): <input type="checkbox"/> A (18u) <input type="checkbox"/> B (14u) <input type="checkbox"/> C (11u) <input type="checkbox"/> D (7u)	Team:
Sport: <input type="checkbox"/> Basketball <input type="checkbox"/> Volleyball <input type="checkbox"/> Flag Football <input type="checkbox"/> Softball <input type="checkbox"/> Soccer <input type="checkbox"/> Lacrosse <input type="checkbox"/> Other:					
Community Affiliation (if playing A & B League only): <input type="checkbox"/> Native American <input type="checkbox"/> Immediate Family <input type="checkbox"/> Live on Reservation <input type="checkbox"/> Non-Native attending a reservation school					
Shirt size: <input type="checkbox"/> Youth Small <input type="checkbox"/> Youth Medium <input type="checkbox"/> Youth Large <input type="checkbox"/> Adult Small <input type="checkbox"/> Adult Medium <input type="checkbox"/> Adult Large <input type="checkbox"/> Adult XL <input type="checkbox"/> Adult 2XL <input type="checkbox"/> Adult 3XL <input type="checkbox"/> Adult 4XL					
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FOR ADDITIONAL PLAYERS, PLEASE USE ANOTHER REGISTRATION FORM

### WAIVERS & AGREEMENTS

**Agreement, Waiver, and Release:** In consideration for being permitted by Inter Tribal Sports, Inc. to participate in the above sports activity, I hereby waive, release, and discharge any and all claims for damages for loss, personal injury, death, or property damage which I may have as a result of participation in said activity. This release is intended to discharge Inter Tribal Sports, Inc. (including its members, officers, employees, and agents), its tribal sponsors, and host sites from any and all liability arising out of participation in said activity. I understand that this activity involves an element of risk and danger of accidents and knowing the risks, I hereby assume the risks, I agree to indemnify and to hold Inter Tribal Sports, Inc., its tribal sponsors, host sites, and the above persons or entities free and harmless from any loss liability, damage, cost, or expense which may occur as the result of any injury or property damage that I may sustain while participating in said activity.

**Consent to Treat Minor:** I authorize paramedics and emergency personnel to transfer and treat said minor in the event that a parent/guardian cannot be reached. I further understand that all costs of paramedic transportation, hospitalization, and any examination, x-ray, or treatment provided in relation to this authorization shall be borne by the parent/guardian.

**Media Release:** I give permission for my child's name and/or picture to be released for use in ITS publications, on the ITS website, or in news productions/publications. To opt out, you must submit a written request to: Inter Tribal Sports, 42232 Rio Nedo, Suite A, Temecula, CA 92590.

I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND CONTRACT BETWEEN MYSELF AND INTER TRIBAL SPORTS, INC. AND I SIGN IT KNOWINGLY AND VOLUNTARILY.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

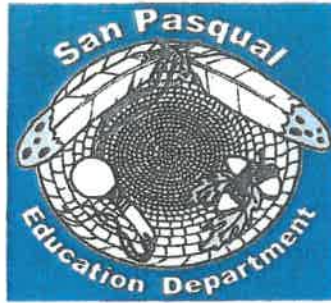
DATE \_\_\_\_\_

\*Age verification is subject to confirmation by ITS league officials or Board of Directors and only needs to be submitted once and will be valid for the duration of a participant's involvement in most ITS programs. A copy of the proper documentation must be provided in one of the following forms: birth certificate, immunization record, passport, school ID (with birth date), Tribal ID, Amber Alert card, or driver's license. *Individuals may not participate until age verification can be confirmed.*

Revised January 2015

Office use only:

Unifying tribal youth and communities through structured athletic programs while providing the necessary resources and developing a strong foundation in culture, leadership and wellness.



## **San Pasqual Inter-Tribal Sports Parent and Player Agreement**

I agree to all the following SPED ITS requirements.

SP ITS players must behave in a respectful manner. Player and parents also agree to good sportsmanship at all time. Player will represent San Pasqual by always being respectful and courteous.

All uniforms are property of SPED. Uniforms are issued to each player and it is the responsibility of each player and their parent to return back to SPED. Fee will be charged to parent if a uniform is not returned, as stated on uniform check-out form.

Playing is based on the amount of practices attended by a player. It is also at the discretion of the Coach. Attitude and behavior will also be factors which effect playing time.

If a student is suspended from school or SPED, they will also be suspended from ITS for the time if the suspension.

Student must complete homework before attending practice. All students must have a GPA of 2.0 to participate with ITS.

All students must meet at the designated time with their team for games. Students must let the coaches know if they are traveling with their parents to or from the game. Students are now allowed to drive themselves. All players must be on time to leave with their Team or they will not participate at the game. Students must also be picked up at the designated time or they may be suspended from the next game.

I have read and signed all conduct agreements and understand I will be removed for SP ITS Team violations. I agree to the above requirements.

Player name \_\_\_\_\_ Player signature \_\_\_\_\_

Parent name \_\_\_\_\_ Parent signature \_\_\_\_\_