



# Ultimate Frisbee® Club

## Registration 2010

grades 9-12

Return by **April 1, 2010** along with fees to Community Education, 1415 81st Ave. NE, Spring Lake Park 55432

**All items are REQUIRED: No registration accepted without complete information and payment**

First Name	Last Name	Birthdate MMDDYY	Address	City	Zip
_____		<input type="checkbox"/> M <input type="checkbox"/> F	_____ / _____	_____	
home phone number (include area codes)		current grade & school student attends	PLAYER CELL PHONE #		
player e-mail: _____		PARENT e-mail _____ <small>to receive electronic confirmation of registration</small>			

**Registration Fee: \$100** for Spring 2010 League

**UPA (Ultimate Players Association) MEMBERSHIP:** All players MUST be a UPA member for the entire season. A current membership number MUST be presented at registration or before participating in ANY practice or game play. Complete online at [www.UPA.org/members/createaccount.PHP](http://www.UPA.org/members/createaccount.PHP) - required fee is \$20.

My UPA membership number is \_\_\_\_\_ expiration date: \_\_\_\_\_ verified \_\_\_\_\_

**Participant Medical Information:** List any special needs or pre-existing medical conditions:

**Parent/Guardian Agreement:** I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of the SLP Ultimate Frisbee® Club (SLPUFC) and Ultimate Players Association (UPA). Recognizing the possibility of physical injury associated with the sport of Ultimate Frisbee®, I hereby release, discharge and/or otherwise indemnify the SLPUFC, UPA, any and all associated schools, city and league facilities and staff and associated personnel against any claim by or on behalf of the registrant as a result of the registrants participation in this activity. As the parent or legal guardian of the registrant, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

parent or guardian signature (required)	PRINT parent name here	Parent daytime phone #
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student/participant signature (required)	Date _____
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(optional) Visa or MasterCard # \_\_\_\_\_ Expiration (MM/YY) \_\_\_\_\_



For office use only: Registration Cash/Check#
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