



Office Use Only:

**PLEASANT VALLEY CSD**  
**ACTIVITY REGISTRATION FORM**

Activity: \_\_\_\_\_

Participant's Name: \_\_\_\_\_ Shirt Size: \_\_\_\_\_ (Youth or Adult)

Current Grade (or grade last completed): \_\_\_\_\_ Current School: \_\_\_\_\_

Home Address: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

If unable to reach a parent/guardian, in case of an emergency, contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Medical Information/Release**

Does the participant have any medical conditions we need to be aware of?    Yes ☐    No ☐

If yes, please explain:

I authorize the coaches and/or designated staff of Pleasant Valley to act for me according to their best judgment in an emergency requiring medical attention, and I release Pleasant Valley Community School District and its staff from any and all liabilities for injuries, illnesses, or lost property incurred while the above-named student is participating in the above-named activity.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_