

Argyle Youth Sports Association
2010/11 Drill Team K-4th

Child's Name: _____

Circle Grade (school year 2010/11): K 1st 2nd 3rd 4th

Parent's Names: _____

E-Mail Address: (communication will mostly be through e-mail)

Mailing Address: _____

_____ TX, _____

Home Phone : _____ Cell Phone: _____

Emergency Contact Information: Name & Number _____

Please indicate any special needs, health concerns, &/or additional information or requests you may have to help your child have the best possible experience in drill team on a separate piece of paper attached. Thank you.

I agree to not hold Argyle Youth Sports Association, its coaches, commissioners, directors, and/or its officers responsible for any injury to my child. Furthermore, I grant permission for a representative of the Argyle Youth Sports Association to seek medical treatment for my child in the case of an emergency.

Parents Signature

Date

In order to make drill team a success, WE NEED LOTS OF VOLUNTEERS.

I am interested in helping with administrative needs: YES NO

I am interested in working with girls: YES NO

I am interested in helping with spirit: YES NO

PLEASE MAIL BY MAY 14 TO:

Christy DeShazo, 2021 Winthrop Hill Rd., ARGYLE, TEXAS 76226