

Growing Healthy, Growing Strong
Mahoning County Juvenile Court
The Honorable Theresa Dellick, Judge



**JJC Sports Program
Intramural Sports League
Youngstown NEWS**



Student Name: _____ Date of Birth: _____

Address: _____ City/State/Zip: _____

School: _____ Grade: _____ Gender: _____ Race: _____
Hispanic Y / N

Number of Persons in Household: _____ Average Household Income: \$ _____

Parent/ Guardian:

Name: _____

Address: _____

City/State/Zip: _____

Phone(s): _____

Email Address: _____

Emergency Contact (Name/Phone): _____

Mental Health Diagnosis: (If Applicable) _____

Known Allergies, Medications Taken, Physical impairments, etc. _____

Informed Consent:

Having been informed of the Mahoning County JJC Sports Program, I the parent and/or guardian of the above named applicant, agree to all the activities associated with this program which provides supervised sports instruction and games for children. I assume all risks and hazards incidental to the conduct of such activities and I do further absolve, release indemnify, and hold harmless the above organizations and their affiliates from any claims against their supervisors, agents, employers, volunteers, or anyone associated with those hereto mentioned from liability for injury or damage, up to and including death, that the above named child may suffer as a result of his or her participation in any and all activities associated with the above named program. I agree to furnish a copy of my child's birth certificate upon request by league officials and to return on request, any and all uniforms or equipment issued to the above mentioned player in as good a condition as when received, except for normal wear and tear in league activities. I further hereby grant permission to MCJJCSP and it's affiliates to use name, photograph and/or likeness of the player above for publicity, promotional, and/or internet purposes.

Parent/Guardian Signature: _____ Date: _____