

To register for Under Our Wings Sports & Wellness Youth Association Leagues and Activities Registrations Accepted in person at:

10094 Investment Way, Florence, KY 41042 OR

By Mail to: UOWYA, 93. N Main Street, Walton, KY 41094 Phone: (859) 760-7466

Email: director.underourwings@gmail.com

Division:		Clas	s Time:	Class Time:
NO REFUNDS				
LEAGUE Registrations  Learn to Play Program Registrations				
Sport: ( ) Outdoor Soccer (Offered Spring, Summer & Fall)				
League: ( ) Boys ( ) Girls ( ) Co-ed ((Coed applies to Weekend Rec. Soccer (all divisions)				
Information about participant: (Please Print Clearly)				
Skill Level of this Player? ELITE DEVELOPMENTAL (CHECK ONE)  ( ) Male ( ) Female				
Participant Last Name	Participant First Na		; ( ) Fem	aie
Phone Number	School	Date of 1	Birth	Current Age
Street Address	City	s	itate Zi	ip Code
Mother's Name	Father's Name:			
Coach / Player Requested:(Circle One if Requesting)				
Shirt Size: ( ) Youth ( ) Y	outh () Youth () Adul edium Large Smal	t () Adult () Adult	( ) Adult ( ) A	
Email Address:				
(Please Print Clearly)				
WAIVER/EXCLUSION CLAUSE (please read carefully and sign below)				
I, the parent/guardian/participant, in consideration of being allowed to participate in any way do so at his/her/my own risk. Sports of All Sorts, its board of directors, staff and agents, shall not be liable for any damages whatsoever arising from any personal injury or property loss sustained by participant and his/her/my family in or about any programs provided by Sports of All Sorts. I acknowledge that I am aware of the risks inherent in participating in such programs and understand that they may require physical exertion; and could potentially lead to injuries that may cause permanent disability and/or death. Participants and parents assume full responsibility for all injuries and damages which may occur in or about any programs and on any premises that Sports of All Sorts uses. He/she/I do or does hereby fully and forever release, discharge and hold harmless Sports of All Sorts, all associated facilities and its owners, employees and agents from any and all claims, demands, damages, right of action, present or future resulting from or arising out of any person's participation in any programs. Also, waiver all rights to any photos taken for use in any Sports of All Sorts publication.				
_	Signature	Date	<del></del>	
Administration II O I	Dignature	Date		
Administration Use Only	Paid By: Cash:	Chaola No	Cradit/Dahit	
Accepted by: Date:	Paid By: Cash: Amou		Credit/Debit:	