



# THE EASTERN BAND OF CHEROKEE INDIANS

Tsalagi kv hvi/ Cherokee Life Recreation  
P.O. Box 499, Cherokee N.C. 28719  
Telephone: 828-554-6890 Fax: 828-497-7239



## Youth Sports Registration Form

Child's Name: \_\_\_\_\_

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

Check- Male:\_\_\_ Female:\_\_\_ Grade:\_\_\_ Age:\_\_\_ DOB:\_\_\_\_\_

Enrolled EBCI: YES\_\_\_ NO\_\_\_ EBCI Enrollment#: \_\_\_\_\_

Parent/ Legal Guardian: \_\_\_\_\_

Parent/ Guardian Available to Coach (please circle): YES NO Head Coach Assistant Coach

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Home #:\_\_\_\_\_ Work #:\_\_\_\_\_ Email:\_\_\_\_\_

### EMERGENCY CONTACTS:

1.) Name and Relation to Participant: \_\_\_\_\_ / \_\_\_\_\_

Home #:\_\_\_\_\_ Cell #:\_\_\_\_\_

2.) Name and Relation to Participant: \_\_\_\_\_ / \_\_\_\_\_

Home #:\_\_\_\_\_ Cell #:\_\_\_\_\_

### INSURANCE COVERAGE:

Name of Company:\_\_\_\_\_ Policy #:\_\_\_\_\_

Address:\_\_\_\_\_ Phone#:\_\_\_\_\_

**A copy of the following items MUST be turned in at the time of registration:**

- Registration Form
- Enrollment Card or Birth Certificate (if not EBCI enrolled)
- Copy of CURRENT Sports Physical

**FAILURE TO PROVIDE A COPY OF THE ABOVE INFORMATION  
WILL RENDER THE REGISTRATION INCOMPLETE**

**\*\*PARENT/GUARDIAN MUST PROVIDE PRACTICE CLOTHES\*\***