

Thurgood Marshall Coed Ultimate Frisbee Team Signup Form

Who: Girls and Boys in 3rd, 4th and 5th grades



No experience required! Come out and learn and enjoy this fast growing team sport!

Practices are **Tuesdays and Thursdays at school from 3:35 to 4:55.**

Games are Saturdays against other elementary school teams throughout the city.

More information about the league can be found here:

<https://www.discnw.org/events/SpringElementary/>

The first practice will be Tuesday, February 27. First games will be Saturday, March 10.

Student Name: _____ Grade _____ Gender _____

Shirt Size: (Youth Sizes, circle one:) XS (4), S(6-8), M(10-12), L(14-16), XL(18-20)

Address: _____ Seattle, WA (zip) _____

Home phone: _____

Parent/Guardian 1 Name: _____

Phone: _____ Email: _____

Parent/Guardian 2 Name: _____

Phone: _____ Email: _____

Cost is \$50. Please check below if you need financial assistance to participate.

I need financial assistance but 10% (\$5.00) is enclosed

I can donate to help fund a player.

Volunteer to help the team:

I can help coach (no Ultimate experience required! Just be willing to learn and lead kids!)

I can help with administrative duties and team communications.

**Please return this form and check for \$50 payable to Thurgood Marshall PTA
to the "ULTIMATE" folder in the school office by Friday, February 2.**

Contact coach Baird Johnson with questions or to find out more information:

206-495-5253

baird.m.johnson@gmail.com



DiscNW Youth Medical Authorization Form

Parents of DiscNW Youth Ultimate Players:

If you would like your child to receive professional medical care in case (s)he is injured in your absence, please complete this form. If this form is not completed, emergency medical providers will not care for your child in your absence unless it is a life-threatening emergency.

Child's Name:		Birth Date:		Age:		Sex:	
Emergency Contact(s) Name & Phone:							
Allergies or Medical Concerns Medical Professionals Should Know:							

Medical Authorization

If my child becomes injured or ill, and I cannot be contacted, **I give permission to qualified and licensed EMTs, physicians, paramedics, athletic trainers, and/or other medical or hospital personnel to render treatment.**

Parent or Guardian Signature: _____ Date: _____

Parent or Guardian Printed Name: _____