



**The HSC Health Care System Therapeutic Recreation Program  
HSCSN Youth Athletic Program (YAP) General Registration Form**

**Please Print/Check all that applies/Fax to 202-580-6489 or mail to 2124 Martin Luther King, Jr. Avenue,  
SE, Washington, DC 20020**

- Basketball                       Cheerleading                       T-Ball  
 Soccer                               Golf                                       Flag Football

Child's Name: \_\_\_\_\_ Gender:  M  F Age: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Additional Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Primary Language: **English**  **Spanish**  **Other:** \_\_\_\_\_

HSCSN Member? **Yes**  **No**  **Previous Member**

Does this child have a current disability/special need? **Yes**  **No**  If so, describe:

\_\_\_\_\_

Please describe any assistance this child might need for participation:

\_\_\_\_\_

Does this child have any allergies/medical conditions? **Yes**  **No**  If so, describe:

\_\_\_\_\_

List any medications for this child: \_\_\_\_\_

\_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone \_\_\_\_\_

Relationship: \_\_\_\_\_



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