

**The HSC Health Care System Therapeutic Recreation Program  
HSCSN 2010 Youth Athletic Program (YAP) Registration**

**T-Ball Clinics**



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

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

Will other siblings/family members be participating in the program? Yes  No  How many? \_\_\_\_\_

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

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

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

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

HSCSN Member? Yes  No  Previous Member

HSC Pediatric Center Patient? Yes  No  Previous Patient

HSC Pediatric Center outpatient? Yes  No  Previous Outpatient

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: \_\_\_\_\_

Will this child need transportation to and from the program? Yes  No  (HSCSN Members/Family only)

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



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