

Player Registration Form

Forest Hills Youth Activities Association



(select one) Soccer Basketball Summer Baseball Camp
 Week: 1 2 3

Player Information <small>(please print)</small>			
Player Name	last	first	
Address			
Address 2			
City/State/Zip	city	state	zip
Phone	home	cell	
Email			

Birthdate	/ /
Gender	M <input type="checkbox"/> F <input type="checkbox"/>

League Use Only	
league age	height
shirt size	pant size
level assigned	team name

	Parent #1	
Name	last	first
Phone	home	cell
Email		
Occupation		
Volunteer?	<input type="checkbox"/> if checked, fill out "Volunteer Application"	

	Parent #2	
Name	last	first
Phone	home	cell
Email		
Occupation		
Volunteer	<input type="checkbox"/> if checked, fill out "Volunteer Application"	

The Forest Hills Youth Activities Association is a NOT FOR PROFIT organization. Please check the following box if you wish to make a donation toward equipment, facility or other club improvements.

This amount will be added to your total amount due: \$5.00 \$10.00 \$25.00 \$50.00 \$100.00 Other: \$ _____

I wish to sponsor a team, please have someone contact me Name of team sponsor: _____

Medical Information			
Emergency Contact		Phone	
Relationship to Player			
Doctor's Name		Phone	
Known Medical Problems			

- I/We, the parents/guardians of the above-named candidate for a position on a FHYAA team, hereby give my/our approval to participate in any and all FHYAA activities, including transportation to and from the activities.
- I/We know that participation in any activity may result in serious injuries and protective equipment does not prevent all injuries to players, and do hereby waive, release, absolve, indemnify, and agree to hold harmless the local FHYAA league, Little League Baseball, Incorporated, the organizers, sponsors, supervisors, participants, and persons transporting my/our child to and from activities from any claim arising out of any injury to my/our child whether the result of negligence or for any other cause.
- I/We agree to return upon request the uniform and other equipment issued to my/our child in as good conditions as when received except for normal wear and tear.
- I/We agree that our child (candidate) may be required to try out for a team. If such does not attend at least 50 percent of the tryouts, local Board-of-Directors' approval is required for such candidate to be placed on a team.
- I/We will furnish a certified birth certificate of the above-named candidate to League Officials.

Signature _____ Date _____

Please make checks payable to: "FHYAA"