

# Player Registration Form

Forest Hills Youth Activities Association



(select one)

Soccer Camp

Week:  1  2  3  4

Summer Baseball Camp

Week:  1  2  3  4

## Player Information (please print)

<b>Player Name</b>	last	first	<b>Birthdate</b>	month	day	year
<b>Address</b>				<b>Gender</b>	M <input type="checkbox"/>	F <input type="checkbox"/>
<b>City/State/Zip</b>	city	state	zip	<b>League Use Only</b>		
<b>Phone</b>	home	cell	league age	height		
<b>Email</b>				shirt size	pant size	
<b>School and Grade in Fall</b>	school	grade	uniform size			

	Parent #1	
<b>Name</b>	last	first
<b>Phone</b>	home	cell
<b>Email</b>		
<b>Occupation</b>		

	Parent #2	
<b>Name</b>	last	first
<b>Phone</b>	home	cell
<b>Email</b>		
<b>Occupation</b>		

**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: \$

## Medical Information

<b>Emergency Contact</b>		<b>Phone</b>	
<b>Relationship to Player</b>			
<b>Doctor's Name</b>		<b>Phone</b>	
<b>Known Medical Problems</b>			

1. How did you hear about our camp program? School \_\_\_\_\_ Website \_\_\_\_\_ Friend \_\_\_\_\_ Other \_\_\_\_\_

2. 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.

3. 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, 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.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Print Name** \_\_\_\_\_

**Relationship to Player** \_\_\_\_\_

Please make checks payable to: "FHYAA"