

# Player Registration Form

Forest Hills Youth Athletic Association



**Basketball**       New to league       Returning from last season

**Player Information** (please print)

<b>Player Name</b>	last	first	<b>Birthdate</b>	month	day	year
<b>Address</b>				apt#	<b>Gender</b>	M <input type="checkbox"/> F <input type="checkbox"/>
		state	zip	<b>Height</b>	feet	inches
<b>Phone</b>	home	cell		<b>Uniform Size</b> (circle one)		
<b>Email</b>				Youth	YXS   YS   YM   YL   YXL	
<b>School</b>				Adult	AS   AM   AL   AXL   A2XL   A3XL	
<i>NOTE... Parents are responsible for uniform size selection. Any changes after delivery will incur an additional charge.</i>						

**Parent #1**

<b>Name</b>	last	first
<b>Phone</b>	home	cell
<b>Email</b>		

**Parent #2**

<b>Name</b>	last	first
<b>Phone</b>	home	cell
<b>Email</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: \$ \_\_\_\_\_  
 I wish to sponsor a team for \$300  Name of team sponsor: \_\_\_\_\_

**Medical Information**

<b>Known Medical Problems</b>	
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**How did you hear about our league?**

School flyer     Website     Friend     Direct mailing     Other \_\_\_\_\_

1. 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.

2. 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.

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

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

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

Please make checks payable to: "FHYAA"