

Player Registration Form

Forest Hills Youth Athletic Association



(select one)

Soccer Coed Soccer All Girls Soccer Clinic

Player Information (please print)

Player Name	last	first	Birthdate	month	day	year
Address				Gender	M <input type="checkbox"/>	F <input type="checkbox"/>
City/State/Zip	city	state	zip	League Use Only		
Phone	primary	cell		Uniform size		
Email						
School and Grade in Fall	school	grade		level assigned		team name

Parent #1	
Name	last first
Phone	primary cell
Email	
Occupation	
Volunteer?	<input type="checkbox"/> Coach <input type="checkbox"/> Assistant

Parent #2	
Name	last first
Phone	primary cell
Email	
Occupation	
Volunteer	<input type="checkbox"/> Coach <input type="checkbox"/> Assistant

The Forest Hills Youth Athletic 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			

- Child wants to play with _____ (U-6 and U-8 divisions only)
- How did you hear about our league? School _____ Website _____ Friend _____ Other _____
- 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 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, 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"