

Contract Season _____

NORTHERN LEHIGH YOUTH ATHLETIC ASSOCIATION

Sports Registration Form

PLEASE PRINT CLEARLY

ONE FORM PER CHILD PER SPORT

Child's Name: _____

Parent/Guardian Names: _____

Address: No. & Street, Box RR: _____

City: _____ Township: _____ State, Zip Code: _____

Phone (Home): _____ Cell: _____ E-Mail: _____

Birth Date: _____ Present Grade Level: _____ Female: _____ Male: _____

NLYAA SPORTS

- Softball
- Connie Mack
- Football Cheering
- Football
- Soccer
- Wrestling Cheering
- Wrestling
- Girls Basketball
- Boys Basketball
- Competition Cheer

Other _____

Please Note: Each NLYAA member is required to work in the refreshment stand a minimum of two (2) hours per sport per child. You will be contacted by your team parent or coach for your assignment. Your help and time is greatly appreciated.

Volunteers

In order to keep costs down, the NLYAA *needs your help!* Please check the appropriate boxes which you are able to donate your time.

Sport: _____

- Coach
- Assistant
- Equipment Manager
- Team Parent
- Field Maintenance
- Special Activity

Fees Calendar Year

Amount Paid

Annual Family Membership Number _____ Membership Fee \$ _____

Lifetime Membership Number _____ Membership Fee \$ _____

Individual Sports Fee _____

Mandatory Fund Raiser (select one): Buy Out _____ or Fund-Raiser _____

Payment: Cash _____ Check No. _____ (One Check Per Sport) **Total** _____

READ CAREFULLY AND SIGN

I, the parent or guardian of the above named child, agree to indemnify and hold harmless the Northern Lehigh Youth Athletic Association (NLYAA), its respective officers, agents and coaches from any loss, costs, damages, expenses and liabilities (including death) arising out of participation in any activities sponsored by the NLYAA.

I also attest that a legally licensed physician has certified that the above named child is capable of participating in the sport mentioned above.

I agree to be responsible for picking up and delivering my child to all practices, games, and activities on time and returning, upon request, the uniform and equipment issued to my child in good clean condition. I understand I will be financially responsible for any/all NLYAA equipment/uniforms that are not returned.

I assume all financial responsibilities for payment of medical expenses for the child mentioned above. The NLYAA assumes no responsibility or costs in the event of injury or illness of any kind due to participation in any activity sponsored by the NLYAA.

In case of injury and/or illness, I hereby give my consent to have an Athletic Trainer or Doctor of Medicine provide my child with medical assistance or treatment.

I will furnish a certified certificate of birth of the above named candidate upon request.

Signature: _____ **Date:** _____

Medical and/or Insurance Company _____ Identification # _____ Group # _____

Known allergies or other pertinent medical information: _____

Emergency contact other than parent/guardian:

Name: _____ Phone No.: _____