

HASTINGS YOUTH ATHLETIC ASSOCIATION REGISTRATION

In-House Softball: ___ Pre-K & Kindergarten ___ Grade 1 & 2	
Traveling Softball: ___ 8U ___ 10U ___ 12U ___ 14U ___ 16U	Traveling Baseball: ___ 9U ___ 10U ___ 11U ___ 12U ___ 13U ___ 14U ___ 15U ___ VFW / 16U ___ Legion

Player First Name _____ Last Name _____ Gender: M or F (circle one)
Birth Date: _____ Age: _____ Current Grade: _____ School _____
Years of Experience (circle one) None 1 2 3 4 5 6 7 8+ Email (print clearly): _____

Player's Primary Residence Parent/Guardian _____ Phone/Cell _____ Parent/Guardian _____ Phone/Cell _____ Address _____ City _____ Zip _____ Email _____

Players Secondary Residence Parent/Guardian _____ Phone/Cell _____ Parent/Guardian _____ Phone/Cell _____ Address _____ City _____ Zip _____ Email _____
--

I the below signed parent/guardian understand there is an inherent risk when playing in sports and hereby give permission for our child to participant tin this HYAA activity. I (we) understand HYAA is not responsible for accidents or injuries. HYAA reserve the right to limit the number of registrations per team and sport.

Parent /Guardian signature: _____ **Date:** _____

Volunteer Opportunities: Each family will be expected to volunteer time for each player registered to assist the association with tasks during the season. DIBS oppotunities will be posted on the website or see list for volunteer options:

1) _____ 2) _____

Medical Emergency Permission: In the event of a medical emergency when a parent or guardian is not available, I hereby by give permissions for the coach to get medical treatment prescribed by medical personnel.

Parent/Guardian Signature _____ **Date:** _____
Family Physician: _____ Clinic: _____ Phone _____

Media Clause: my child has my permission to be photographed while participating in HYAA activities and to use my child's pictures on the website, in the paper, radio or in other media to promote HYAA. YES / NO (circle one)

Registration Fee:	_____
Late Fee: (\$25)	_____
Program Fee:	_____
Volunteer buyout:	_____
TOTAL	_____

Any Special Needs or Medical Conditions:
Concussion: No / Yes When?
Vacation/Camp Dates:

NO REFUNDS if a player drops after March 1 for Traveling Baseball/Softball and May 1 for In-House Softball

Cash / Check # _____

Website: www.hyaa.info