

HAMILTON YOUTH SPORTS ASSOCIATION

- Paid Reg. Fee
- Paid Concession Stand Fee (If applicable)
- Birth Certificate

Baseball
 Softball
 Football
 Cheerleading
 Basketball

League Age _____
 League Age _____
 League Age _____
 League Age _____
 League Age _____

Application to Participate

Participant's Full Name _____ Birth Date - mm/dd/yy _____

Street Address (No P.O. Box) _____ City _____ State _____ Zip _____

Home Phone # _____ Work Phone # _____ Cell Phone # _____ E-mail Address _____

I/We, the Parent(s)/Guardian of the above named participant hereby give my/our approval to participate in Hamilton Youth Sports Association activities. I/We assume all risks and hazards incidental to such participation. I/We do hereby wave, release, absolve, indemnify and agree to hold harmless the Hamilton Youth Sports Association, Organizers, Sponsors, Supervisors, Coaches, Participants, and Persons transporting my/our child to and from activities for any claim(s) arising out of injury to my/our child. Whether the result negligence or for any other case, except to the extent and in the amount covers by accident or liability insurance. I/We understand that there will be a registration fee associated with the participation in the above said activities and the full cost of any needed uniform will be paid in full by the parent(s)/guardian(s). I/We understand that a parent/guardian will be required to donate at least 3-5 hours or more for the help in the concession stand. I/We understand that there may also be a small fee that will be required to be paid up front for the help of the concession stand. The said concession stand fee will be refunded to the said parent after the completion of the regular season activities if the parent/guardian has fulfilled their said donated time.

I/We will furnish a Copy of the Birth Certificate for the above named participant.

I/We have read the above information and understand all responsibilities for participants, parents, guardians, and HYSA.

Parent(s)/Guardian(s) Signature _____ Date _____

Photo Release

We give HYSA permission to use news and/or photos of my/our child for the use of public support and knowledge of our youth sports program. YES NO

Parent(s)/Guardian(s) Signature _____ Date _____

Emergency Medical/Surgical Treatment Release

Participant's Name _____

Parent(s)/Guardian(s) Name _____

Home Phone # _____ Work Phone # _____ Cell Phone # _____

Pre-Existing Medical Condition: _____ If yes, please provide a doctor's release form. Required

Medication Prescribed by Physician: _____

Name of Family Insurance Company: _____ Policy # _____

If the parent(s)/guardian(s) is/are not present in case of an emergency, I/we hereby consent to the transportation of the above named participant by ambulance and/or privately owned vehicle to obtain medical treatment.

Parent(s)/Guardian(s) Signature _____ Date _____

