

# Player Registration Form

Forest Hills Youth Activities Association



(select one)

Soccer Coed     Soccer All Girls

## Player Information (please print)

<b>Player Name</b>	last	first	<b>Birthdate</b>	month	day	year
<b>Address</b>				<b>Gender</b>	M <input type="checkbox"/>	F <input type="checkbox"/>
		apt.#				
<b>City/State/Zip</b>	city	state	zip			
<b>Phone</b>	home	cell				
<b>Email</b>						
<b>School and Grade in Fall</b>	school	grade				

League Use Only	
Uniform size	
level assigned	team name

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

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

**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, please have someone contact me  Name of team sponsor:

## Medical Information

<b>Emergency Contact</b>		<b>Phone</b>	
<b>Relationship to Player</b>			
<b>Doctor's Name</b>		<b>Phone</b>	
<b>Known Medical Problems</b>			

- 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"