



HARWINTON YOUTH SPORTS ASSOCIATION

PLAYER REGISTRATION FORM



PLAYER NAME			
ADDRESS			
CITY/ST/ZIP			
HOME PHONE			
EMAIL			

D.O.B.	
AGE	
GRADE LEVEL	
SHIRT SIZE	

PARENT OR LEGAL GUARDIAN #1

PARENT OR LEGAL GUARDIAN #2

NAME			NAME		
PHONE			PHONE		
EMAIL			EMAIL		

EMERGENCY CONTACT INFO

VOLUNTEER?

NAME		
RELATIONSHIP TO PLAYER		
PHONE		

COACH	ORGANIZATIONAL HELP
YES <input type="checkbox"/>	YES <input type="checkbox"/>

IF YES, PLEASE MAIL IN VOLUNTEER FORM

*****WHEN REGISTERING BY MAIL, A MEDICAL FORM MUST ACCOMPANY THIS FORM. Mail To: HYSA, PO BOX 124, HARWINTON*****

1. I/WE, the parents/guardians of the above-named candidate for a position on a HYSA FIELD HOCKEY team, hereby give my/our approval to participate in any and all organizational activities related to FIELD HOCKEY.
2. I/WE know that participation in any sport may result in injuries and protective equipment does not prevent all injuries to players. I/We hereby waive, release, absolve, indemnity, and agree to hold harmless HYSA, sponsors, supervisors, participants from any claim arising out of any injury to my/our child whether the result of negligence or for any other cause.
3. I/WE understand that during the course of the season athletic pictures or videos may be taken by newspapers, television and/or posted on our website. The purpose of these photos and videos would be to recognize and publicize athletic achievement. The athlete's name and participation in HYSA sanctioned activities MAY BE publicized. No other data will be divulged.

SIGNATURE _____ DATE _____