

PARENT AND PLAYER INFO

MAIL TO: BERTHOUD YOUTH ATHLETIC ASSN
PO Box 554
Berthoud, CO 80513

CHECK ONE: BOY ___ GIRL ___

CHECK A SPORT

FOOTBALL ___ BASKETBALL ___ SOFTBALL ___
BASEBALL ___ VOLLEYBALL ___

PLAYER NAME: _____

Grade: _____ Age: _____ Birth Date: _____ School _____

Previous organized team play: _____

NAMES OF BOTH PARENTS OR LEGAL GUARDIANS
(Please put both parent addresses and info down if different)

Parent Name: _____

Address: _____ City: _____ State: _____ ZIP: _____

Home Phone: _____ Work/Cell Phone: _____

Email(s) _____

Parent Name: _____

Address: _____ City: _____ State: _____ ZIP: _____

Home Phone: _____ Work/Cell Phone: _____

Email(s) _____

Coaching Interest:

Indicate grade and sport _____

Emergency Numbers: _____

Emergency Names: _____

Medical Info: Is your child insured? Yes _____ No _____ If no initial and sign below:

_____ By signing this form, I acknowledge that I do not have personal insurance provided for my child and hold the BYAA harmless for all injuries or accidents suffered by my child during any activity associated with the BYAA.

Parents Signature: _____ Date: _____

Parents Signature: _____ Date: _____

Does child have any health issues? If so, what? _____

Name of Insurance Carrier or copy of insurance card:

Carrier: _____

ID #: _____