

NO: _____

**Rossville Youth Association
Registration Form**

**Rules of the Program
IT IS IMPERATIVE YOU READ THE FOLLOWING!**

Each team will be responsible for their own equipment.

Player will not be able to request a specific team to coach.

There will be a fair selection of players among the coaches.

Absolutely no refunds will be given after practice has started.

Any player fighting will be suspended from the program for a period of one year.

Any parent creating a disturbance among players, coaches or umpires will not be allowed in the park for the remainder of the season.

Any parent creating a disturbance by using foul language or fighting will be suspended from the park indefinitely.

No child will be able to practice until their fees for that sport have been paid.

At least one parent or guardian is responsible for being at each practice and at each game.

Any child participating in the Youth Association programs are expected to participate in the Homecoming Activities without prejudice of any kind.

The Rossville Youth Association is non-discriminatory and expects all participants to respect the feelings of others who play for the said association. Failure to do so can lead to suspension.

Child's Name: _____ School: _____

Phone Number: _____ Birthdate: _____ Sex: Male or Female

Address: _____ Age: _____

Insurance Company: _____ Policy and/or Group Number _____

Email Address: _____

We, the undersigned parents/guardians hereby give our permission for the child to play in the Rossville Youth Association Program checked below.

Baseball _____ Football _____ Cheerleading _____ Basketball _____ Softball _____

I, the undersigned parent/guardian of the above applicant, hereby release the Rossville Youth Association of any and all liabilities from any and all injuries that my child/ward may have while playing in this program. I assume all risks and all hazards during the activity and during any transportation by the Rossville Youth Association or its servants. I will be responsible for all medical bills incurred by my child/ward due to injuries from playing in the said program. I further release the Rossville Youth Association or its servants to seek any medical attention deemed necessary for my child/ward during my absence, and I will be financially responsible for the said services rendered to my child/ward.

Cost of Program _____ Signature(s) _____

Paid Cash or Check # _____ Date _____