



Hamilton Youth Athletics

2017 PLAYER REGISTRATION FORM

Use this form to register for the 2017 Programs offered by Hamilton Youth Athletics. Make all checks payment to HYA. This form along with your registration fee of \$75.00 must be submitted during an open registration session or mailed to: HYA 995 Radbourne Dr, Columbus Ohio 43207. The registration form and payments must be received prior to program deadlines to guarantee a spot on a team. **No fees will be refunded after uniforms are ordered, no exceptions.**

PLAYER INFORMATION (One per form)

First Name	Middle Initial	Last Name	Date of Birth / /	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Current Grade
Address			Name of School		
City	State	Zip	Previous Coach Name		
Emergency Contact Name & Phone Number (Other than Parent listed below)			Physical conditions HYA should be aware? <input type="checkbox"/> No <input type="checkbox"/> Yes, Explain: _____		

REGISTRATION INFORMATION

Program <input type="checkbox"/> Spring Soccer <input type="checkbox"/> Fall Soccer <input type="checkbox"/> Baseball <input type="checkbox"/> Softball		Shirt Size <input type="checkbox"/> Youth X-Small <input type="checkbox"/> Youth Small <input type="checkbox"/> Youth Medium <input type="checkbox"/> Youth Large <input type="checkbox"/> Adult Small <input type="checkbox"/> Adult Medium <input type="checkbox"/> Adult Large <input type="checkbox"/> Adult X-Large	Short/Pant Size (if included) <input type="checkbox"/> Youth X-Small <input type="checkbox"/> Youth Small <input type="checkbox"/> Youth Medium <input type="checkbox"/> Youth Large <input type="checkbox"/> Adult Small <input type="checkbox"/> Adult Medium <input type="checkbox"/> Adult Large <input type="checkbox"/> Adult X-Large
Division	Has the Player Played this sport before? <input type="checkbox"/> No <input type="checkbox"/> Yes, Number of Seasons: _____		
Coach Request (not guaranteed)	Teammate Request (not guaranteed)		

PRIMARY GUARDIAN INFORMATION

SECONDARY GUARDIAN INFORMATION

First Name	Last Name	Relationship	First Name	Last Name	Relationship
Address <input type="checkbox"/> Same as Player			Address <input type="checkbox"/> Same as Player		
City	State	Zip	City	State	Zip
Home Phone	Cell Phone		Hone Phone	Cell Phone	
Email Address			Email Address		
I am interested in volunteering for: (please complete a volunteer registration) <input type="checkbox"/> Head Coach <input type="checkbox"/> Assistant Coach <input type="checkbox"/> Team Parent <input type="checkbox"/> Helping in Concession			I am interested in volunteering for: (please complete a volunteer registration) <input type="checkbox"/> Head Coach <input type="checkbox"/> Assistant Coach <input type="checkbox"/> Team Parent <input type="checkbox"/> Helping in Concession		

STATEMENT OF UNDERSTANDING & SIGNATURE

I, the parent/guardian of the player, a minor, agree that:

- I provide my approval for the above named child to participate in any and all league activities, including fundraising and celebration activities.
- Upon request, I will furnish a birth certificate for the above named player to HYA.
- The player and I will abide by the rules of HYA. Recognizing the possibility of physical injury associated with soccer and in consideration for HYA accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify HYA, its board members, affiliated organizations, and sponsors, their employees and associated personnel, including the owners of the fields and facilities utilized for the Programs, against any and/or all claims by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.
- I receiving a copy of the Concussion & Head Injury Information Sheet for Youth Sports Organization participants prepared by the Ohio Department of Health as required in section 3313.539 of the Ohio Revised Code
- It is my responsibility to read and understand Concussion & Head Injury Information Sheet for Youth Sports Organization participants form prior to my player entering a practice or game.
- Concussions and other head injuries can have serious and possibly long-lasting effects. By reading the provided Concussion Information Sheet, I understand I have the responsibility to report any signs or symptoms of a concussion or head injury to coaches, referees, board members, and my child's doctor.
- Coaches, referees, and board members have a responsibility to protect the health of youth sports participants and may prohibit my child from further participation in youth sports until my child has been cleared to return to play by a physician or other appropriate health care professional. I grant HYA the right to take photographs of me and my family during the season. I agree that HYA may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and web content. I also grant permission to HYA to publish these photographs to their Facebook, Twitter, Instagram, or any other social media that is identified on their website.

Parent Name _____ Parent/Guardian Signature _____ Date _____

FOR HYA ADMINISTRATIVE OFFICE PURPOSES ONLY

Paid in Full On	Amount Paid	Payment Method <input type="checkbox"/> Cash <input type="checkbox"/> Check # : _____	Receipt #	Received By	Online <input type="checkbox"/> Yes
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