

# Haley Mills Memorial Cup 2021 4v4 Tournament

## Application Form

**Roster/Medical Waiver Consent**

I the undersigned participant or parent/guardian of the listed player do hereby grant the staff of HYSA the authority to render judgment concerning medical assistance or hospital care in the event of accident or illness. Additionally, in return for the privilege of playing in the tournament, I hereby hold the HYSA staff, board, volunteers, members, sponsors and other associated with the tournament harmless in the event of injury.

Team Name:		Contact Name: _____	
		Email: _____	
		Phone #: _____	
Players Name	Birth Date	Signature of Parent	Printed Name of Parent
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

# Registration Form

Birth Year	Gender	
_____	_____	Team Name: _____
_____	_____	Contact Person: _____
_____	_____	Phone: _____
_____	_____	Email: _____
_____	_____	Street: _____
_____	_____	City: _____
_____	_____	State: _____ Zip: _____
_____	_____	<b>Entry Fee:</b> Birth Year 1/1/03 – 1/1/2012 \$150
_____	_____	Make Checks payable to HYSA: Return to: PO Box 671 Havelock, NC 28532-7223
_____	_____	

All players must show proof of age at check in.

**NCYSA PLAYER PASSES AND ROSTERS WILL BE ACCEPTED**