

**CATASAUQUA YOUTH ATHLETIC ASSOCIATION
PLAYER REGISTRATION AND PARENTAL CONSENT FORM
PLEASE PRINT**

LAST NAME _____ FIRST NAME _____

ADDRESS _____ CITY _____ ZIP _____

BIRTH DATE _____ AGE _____ GRADE _____

PHONE _____ SEX M F

BOYS: TBALL GRASSHOPPER BIDDY MIDGET KNEE-HI

GIRLS: PREP'S 10'S 12'S 14'S

YOUR CHILD WILL BE PLACED ON A TEAM, BASED ON HIS/HER AGE AS OF MAY 1ST.

Parents or Legal Guardian - Please read and sign below.

RELEASE/ DISCLAIMER

The parents or legal guardian of the above named participant give approval to his/her participation in any or all activities during the current season. It is agreed that all equipment/uniforms must be returned at the end of the Baseball Softball season to CYAA in as good condition as when received by the participant. The parents accept responsibility for the return of all CYAA property or full cash reimbursement equal to the cost of replacing involved equipment/uniform. Parents must also reimburse CYAA for any costs associated with collection proceedings, including magistrate, attorney, and processing fees.

Please initial _____

I DO HEREBY ASSUME FULL RESPONSIBILITY FOR ANY AND ALL DAMAGES, INJURIES (INCLUDING DEATH),OR LOSSES THAT MY CHILD MAY SUSTAIN OR INCUR, IF ANY, WHILE ATTENDING, PRACTICING, PARTICIPATING OR WITNESSING IN ANY CYAA EXERCISE PROGRAM, SPORT OR PHYSICAL ACTIVITY OCCURRING IN OR ABOUT THE CYAA PREMISES OR AT ANY OFFSITE LOCATION. I HEREBY ASSUME FULL RISK, WAIVE ALL CLAIMS AND RELEASE AND HOLD CYAA, IT'S OFFICERS, COACHING STAFF, PARTICIPANTS AND PERSONS OF SAID PROGRAM OR EVENT, INDIVIDUALLY OR OTHERWISE, HARMLESS FOR ANY AND ALL CLAIMS FOR INJURIES OR DAMAGES.

SIGNATURE OF PARENT OR LEGAL GUARDIAN _____

Print name: _____ Date _____ Cell Phone Number: _____

.....
CYAA TO FILL OUT

PLAYER FEE _____ LOTTERY PK# _____

TOTAL PAYMENT _____ LOTTERY PAID YES NO

CASH OR CHECK NUMBER _____