



PLAYER REGISTRATION AND PARENTAL CONSENT FORM

Please Print

Please Print

LAST NAME

FIRST NAME

STREET ADDRESS

CITY

STATE

ZIP CODE

PHONE

Month BIRTHDATE

Day

Year

PARENT/GUARDIAN'S NAME

Circle one:

SEX: M F

AGE: _____

GRADE: _____

YOUR CHILD WILL BE PLACE ON A TEAM BASED ON HIS AGE AS OF MAY 1ST.

Boys: T-Ball Grasshoppers Biddy Midget Knee-Hi

Girls: Prep 10's 12's 14's

I/we, the parents or guardians of the above named candidate for participation on a Catasauqua Youth Athletic Assoc. team, hereby give our approval to his/her participation in any and all team activities during the current season.

I/we assume all risks and hazards incidental to such participation, including transportation to and from the activities, and I/we do hereby waive, release, absolve, indemnify, and agree to hold harmless the Catasauqua Youth Athletic Assoc., the organizers, sponsors, supervisors, officers, directors, members, participant, and person transporting my/our child to or from activities for any claim arising out of any injury to my/our child, whether derivative or otherwise.

I/We agree to act as responsible adults and parents at these evets.

I/we agree to return, upon request, the uniform and other equipment issued to my/our child in good condition, as when received, excepting normal wear and tear.

I/we will furnish a birth affidavit if requested.

I/We agree to pay the registration fee and any nominal fees necessary during the sport season.

I/we do hereby intend to be legally bound, and this agreement shall extend to and bind my/our heirs, administrators, executors, and assigns.

PARENT/GUARDIAN SIGNATURE DATE _____

FEE PAID _____ TICKET MONEY _____ T-SHIRT SIZE _____