

*Freetown Youth Athletic Association
2008 Registration Form*

Parent(s) Name(s) _____ Home Phone: _____

Address: _____ Cell Phone: _____

Town: _____ E-Mail: _____

Known medical problems or allergies: _____

Medical Insurance: Policy # _____ Company _____

In Case of Emergency, when the parent or guardian cannot be reached, please contact:

Name: _____ Relationship: _____ Contact # _____

(Please initial)

_____ I/we the parent(s) or legal guardian(s) of the below named player, hereby give my approval for his/her participation in any and all association activities. I/we assume all risks and hazards incidental to such participation, including transportation to and from activities and I/we do hereby waive, release, absolve, indemnify, and agree to hold harmless the Freetown Youth Athletic Association (F.Y.A.A.), the officers, Board of Directors, organizers, sponsors, supervisors, managers, coaches, agents, participants, and persons transporting my/our son/daughter, whether the result of negligence or for any other cause, except to the extent and in the amount covered by accident or liability insurance.

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

_____ I/we understand the sportsmanship is a **priority** in all athletic activity. All parents and children will be required to sign a **Code of Conduct** applicable to all parents, children and league officials, prior to the commencement of scheduled games.

_____ I/we authorize F.Y.A.A. to provide emergency medical treatment and I/we agree to be responsible for all reasonable charges for such treatment.

_____ I/we understand that fund-raising is an expected part of participation in the association's activities. Failure to complete the required fund-raising will effect your child's participation in regular season play. ***(player will remain off the field of play until obligation is met)***

_____ I/we understand that working in the concession stand is an expected part of participation in the association's activities. Failure to participate in concession stand duties will effect your child's participation in regular season play. ***(a maximum of two game suspension will be enforced)***

I/we have read, understand and agree to the above conditions for participation in the Freetown Youth Athletic Association Activities.

Signature(s) of Parent(s) or Guardian(s)

Date

Please complete information on back

Family Registration Fee Worksheet

Please check the appropriate division

Players Name	D.O.B.	Baseball Division	Softball Division	Fee
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
SubTotal				_____
Discount \$10.00 each additional players				- _____
Total				_____

<u>Baseball</u> (Players age is as of May 1 st)		<u>Softball</u> (Players age is as of January 1 st)	
T-Ball (5 yrs.- 6yrs.)	\$50.00	Prep – Season	\$80.00
Rookie (7yrs.- 8yrs.)	\$65.00	Babe Ruth (13yrs–15yrs)	10U \$80.00
Minor (8yrs.- 9yrs.)	\$80.00	Babe Ruth & Prep	12U \$80.00
Major (10yrs.-12yrs.)	\$80.00		16U \$100.00

A \$10.00 discount will be given for each additional player with families of two or more children registering in the FYAA

All information on this registration form must be completed. Health Insurance information must be provided prior to a child being placed on a team.

Registrations may be mailed in to the address listed below, please do not send cash in the mail, and only a check or money order will be accepted via the mail. Check should be made payable to the

**FYAA or Freetown Youth Athletic Association
Mail to: FYAA
PO Box 575
East Freetown, Massachusetts 02717**

Thanks to Forms & Graphics of Lakeville for printing this registration form