

**Northeast Youth Athletic Association**  
**5009 Hicone Road Greensboro, North Carolina**

**2010 Softball Registration Form**

Fees for Softball **\$60.00 due at registration** (*child will not be allowed to play in a game until all fees are paid*)

T-shirt Size (circle one) YS YM YL AS AM AL AXL AXXL AXXXL Male \_\_\_\_\_ Female \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

AGE AS OF JUNE 1, 2010 \_\_\_\_\_ School \_\_\_\_\_ E-Mail \_\_\_\_\_

Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Parent's Name \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell #'s \_\_\_\_\_

Years played \_\_\_\_\_ Positions(s) played \_\_\_\_\_

**MEDICAL CONSENT, WAIVER, RELEASE AND INDEMNITY.** The undersigned parents/legal guardians of the above named minor child ("Child") authorize our Child to participate in all sports related programs and activities ("Activities") of the Northeast Youth Athletic Association and the affiliated team to which our Child is assigned ("Team"). On behalf of ourselves, our Child and our respective heirs and representatives we:

1. Acknowledge that participation in Activities involves risks of permanent, serious or other injury which may result from the acts and/or omissions of the Child, the undersigned or others, or a combination thereof.
2. Understand that the rules and regulations of the Northeast Youth Athletic Association ("NEYA") are intended for the safety and protection of participants in Activities and agree to abide thereby, understand that participation in activities requires a minimum level of physical fitness, and confirm that our child is physically fit.
3. Release, discharge, waive and absolve, and agree to indemnify and hold harmless NEYAA and their respective officers, directors, referees and coaches, the owners/lessees of any site of Activities, the persons specified in item 4 below and any person transporting our Child from or to Activities from any and all claims, actions, liabilities, demands and cost arising from or relating to the Activities of our Child's participation therein and
4. Authorize the designated coach and/or assistant coach of the Team (if such persons are unable to contact an undersigned with reasonable effort or are persuaded by medical advice that there is not time for such and effort) to consent to any medical, dental, or surgical diagnosis or treatment and/or hospital or clinical care to be rendered to our Child under the supervision and advise of any duly licensed physician (including a dentist or orthodontists).

The undersigned specifically acknowledge, and have confirmed to witness hereto, that we have read, fully understand and agree to the Registration, Medical consent, Waiver, and Release of Indemnity Form.

**Insurance Information**

Name of Insurer: \_\_\_\_\_ Policy Number \_\_\_\_\_

Parent(s)/Legal Guardian/Self \_\_\_\_\_ Date \_\_\_\_\_

**Name and phone of emergency contact person other than listed above**

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Association use only

FEE PAID BY: CASH \_\_\_\_\_ CHECK \_\_\_\_\_ # \_\_\_\_\_ DIVISION \_\_\_\_\_ TEAM \_\_\_\_\_

