

P.B.G.Y.A.A. REGISTRATION

Players Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Address: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone (\_\_\_\_)-\_\_\_\_-\_\_\_\_\_

Parent's Name: \_\_\_\_\_  
 Address (if different): \_\_\_\_\_  
 Home Phone: (\_\_\_\_)-\_\_\_\_-\_\_\_\_ Work Phone: (\_\_\_\_)-\_\_\_\_-\_\_\_\_\_

I volunteer for:  Manager -  Coach -  Team Mother -  Sponsor -  Other

ACTIVITY REGISTERING FOR:

CIRCLE SIZES

<input type="checkbox"/> Hockey	Last Year's Team:	SHIRT	S	M	L
<input type="checkbox"/> Baseball	League:	SOCKS	S	M	L
<input type="checkbox"/> Softball	Position	SHORTS	S	M	L
		PANTS			
<input type="checkbox"/> Basketball	Left/Right Handed:				
<input type="checkbox"/> Other _____					

\*\*\*\*\* PLEASE READ CAREFULLY \*\*\*\*\*

Palm Beach Gardens Youth Athletic Association is a non-profit organization with volunteer officers and coaches. All members must read and abide by the rules and guidelines for each activity. They must respect, maintain and return all equipment issued by the PBGYAA to their children. Violation will preclude future registration. Keep in mind that our intent is the development of good character, citizenship and sportsmanship through sports. Your child's health and safety is of the utmost importance. We strongly recommend that each registrant have medical approval. No parent shall register any child whose physical capabilities or general health precludes participation in or may be impaired by, involvement in a program conducted by the PBGYAA.

**MEDICAL CARE:** I, the parent or guardian of the above name participant, agree to the above PBGYAA rules and further do hereby give approval to his/her participation in any and all of the PBGYAA programs. I do hereby grant permission to PBGYAA to obtain medical care for the player named herein at such times as I cannot be contacted. This authorization shall include all league activities, including the period required to travel to and from those activities and to do hereby waive, release, absolve, indemnify and hold harmless PBGYAA, the organizers, supervisors, participants and persons transporting the player to and from those activities for any claim arising out of an injury to the player.

I have received and read the "PBGYAA Code of Conduct and disciplinary Guidelines" and agree to abide by its requirements.

**Photo Release:** PBGYAA may take photographs of participants enrolled in the program. These photographs may be used in future program booklets with my approval.

Signed: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Relationship: \_\_\_\_\_ Witness: \_\_\_\_\_

EMERGENCY NOTIFICATION:

NAME: \_\_\_\_\_ Phone#: (\_\_\_\_)-\_\_\_\_-\_\_\_\_  
 NAME: \_\_\_\_\_ Phone#: (\_\_\_\_)-\_\_\_\_-\_\_\_\_

YAA Fee: \_\_\_\_\_  
 Donation: \_\_\_\_\_  
 Reg. Fee: \_\_\_\_\_  
 Sponsor: \_\_\_\_\_  
 NON-Res: \_\_\_\_\_

Amt Pd.: \_\_\_\_\_

Check  Cash

Father's Name: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Home # (\_\_\_\_)-\_\_\_\_-\_\_\_\_  
 Work # (\_\_\_\_)-\_\_\_\_-\_\_\_\_

Mother's Name: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Home # (\_\_\_\_)-\_\_\_\_-\_\_\_\_  
 Work # (\_\_\_\_)-\_\_\_\_-\_\_\_\_