

# NHYA North Hampton Youth Association

## Pre K-2<sup>nd</sup> Grade 2018 Baseball Registration Form



**SEASON: May 5th – June 23rd, 2018**

**Deadline for registration is April 1<sup>st</sup>, 2018**

**CHILD'S First and Last Name** \_\_\_\_\_

M \_\_\_ F \_\_\_ Age as of May 1st: \_\_\_\_\_ Grade: \_\_\_\_\_ Shirt Size: Youth (please circle one): S M L

Does your child have any physical/other limitations? Yes \_\_\_ No \_\_\_ If yes, please describe briefly the limitations: \_\_\_\_\_

**NHYA Baseball Program Age Group:** \$10 Discount for each additional child

4-year olds (coed) \_\_\_ fee: \$60.00

K (coed) \_\_\_ fee: \$65.00

Grades 1-2 (coed) \_\_\_ fee: \$65.00

(T-ball) (Must be 4 by May 1<sup>st</sup>)

(T-ball)

(Coach Pitch)

Saturday AM, Dearborn Park

Saturday AM, Dearborn Park

1 weekday PM Knowles/Dearborn, Sat AM Dearborn

**Please mail to: NHYA Registrar, C/O Danielle Strater, 27 Goss Road, North Hampton, NH 03862.**

**If you have questions please email Mike Kelly: [mkelly210@comcast.net](mailto:mkelly210@comcast.net)**

**\*\*\*We welcome your assistance with coaching, please see box below and indicate if you would like to help**

### PARENT/GUARDIAN INFORMATION

Parent \_\_\_\_\_ Work/Cell/Home Phone (best # to have on file) \_\_\_\_\_

Parent \_\_\_\_\_ Work/ Cell/ Home Phone (best # to have on file) \_\_\_\_\_

Street Address, Town, State, Zip \_\_\_\_\_

Email (s) \_\_\_\_\_

Person to contact other than parent in case of emergency: Name and Relationship: \_\_\_\_\_

Best Phone # to reach contact \_\_\_\_\_ Relationship \_\_\_\_\_

I, the parent/guardian of the registrant, \_\_\_\_\_ a minor, agree that the registrant and I will abide by the rules of the North Hampton Youth Association, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with sports and consideration for the North Hampton Youth Association accepting the registrant for its sports programs and activities (the Programs), I hereby release, discharge and/or otherwise indemnify the North Hampton Youth Association, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of the fields and facilities used for the Programs, against any claim by or on behalf of the utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to/or from the same, which transportation I hereby authorize.

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### NHYA NEEDS YOUR HELP!!!

Parent support is crucial for the success of our programs. Please check off the area in which you may be able to provide support.

Thank you!

Head Coach \_\_\_\_\_

Asst. Coach \_\_\_\_\_ Name: \_\_\_\_\_

Maintenance/ Recreation Committee \_\_\_\_\_

**Due to insurance regulations, all coaches are subject to a routine background check and training.**

### CONSENT FOR MEDICAL TREATMENT (MINOR)

As the parent or legal guardian of the above named-named player, I hereby give my consent for and authorize emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of my dependent.

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

**NOT SCHOOL SPONSORED**