

HYSA BASEBALL/SOFTBALL/T-BALL 2019 REGISTRATION FORM

For HYSA use only
 Date Registered: _____
 Amt: \$ _____ of \$ _____
 Cash: _____ Check#: _____
 Scholarship Amt: _____

Division	Baseball (Age as of 5/1/19)	Softball (Age as of 1/1/19)
Babe Ruth	Field Size: 90' Diamond Ages: 13-15 Fee: \$110 (No family max.)	Field Size: 60' Diamond Ages: 13-15 Fee: \$75 (No family max.)
Majors ²	Field Size: 70' Diamond Ages: 12 and under (evals) Fee ¹ : \$80	Ages: 12 and under (evals) Fee ¹ : \$75
Minors (AAA) ²	Field Size: 60' Diamond Ages: 11 and under (evals) Fee ¹ : \$80	Ages: 11 and under (evals) Fee ¹ : \$65
Minors (AA) ²	Field Size: 60' Diamond Ages: 9 and under Fee ¹ : \$65	
Rookies (Coach Pitch)	Field Size: 60' Diamond Ages: 8 and under Fee ¹ : \$45 (No Late Fee)	Ages: 8 and under Fee ¹ : \$45 (No Late Fee)
T-Ball	Age: 6 and under Fee ¹ : \$45 (No Late Fee)	
	Evals will be held at the NEC Field House on 3/14 from 4-6pm for softball and 6-8pm for baseball	

VOLUNTEER TIME
 (Must check one)
 Coach *
 Assistant Coach *
 Add \$15
 * Background check needed
 Sponsor a team or sign-extra fee
 In addition to the registration fee, I would like to donate \$10 (or another amount) to HYSA for field upkeep and capital improvements. Please initial and add amount to fee paid.
 Thank you.

- \$150 maximum per family (ages 12 and under only). **\$10 LATE FEE AFTER 3/1/19** for Majors and Minors Div only.
- For Majors and Minors (AAA/AA) final division placement will be based on results of player evaluations conducted by Coaches and Commissioners. In the form below, parents should specify the highest division in which they wish their child to participate and submit that corresponding fee amount. Refunds will be issued as needed.

(PLEASE PRINT CLEARLY)

Player's Last Name: _____
 First Name: _____
 Street Address: _____
 Town: _____ State: NH Zip: _____
 Parent/Guardian 1: _____ Parent/Guardian 2: _____
 Primary Email Address: _____ Other Email Address: _____
 Home phone: _____
 P/G- 1 cell phone: _____ Work phone: _____ P/G- 2 cell phone: _____ Work phone: _____
 Gender: (please circle) M F
 Date of Birth: _____ Age: _____ 2018/19 Grade Level: _____
 Highest Division in which you wish your child to participate: _____
 Circle sport playing Baseball/Softball/T-Ball : _____

HEALTH INFORMATION: the participant listed above is in good health except as noted. Please list medical problems, allergies, and/or medication currently taking. _____

EMERGENCY CONTACT: Name: _____ Phone: _____ Relationship: _____

INDEMNIFICATION: it is hereby understood and agreed that I will hold the Hopkinton Youth Sports Association (HYSA) and any persons who voluntarily serve the Association in any capacity harmless for any damages or injuries incurred by the above participant as a result of any of the Association's activities.

I assume all risks and hazards incidental to the conduct of HYSA programs and transportation to and from said program activities. Permission is granted to HYSA to allow participant to receive emergency medical treatment if necessary. I assure HYSA that the above participant has no physical infirmities or disabilities which make him/her unable to participate in all HYSA activities.

I have reviewed the concussion fact sheet for parents online at <http://www.cdc.gov/concussion/HeadsUp/index.html> and agree that I will inform HYSA immediately if I observe my child exhibiting any of the signs or symptoms listed after they receive a bump, blow or jolt to the head or body during a HYSA event. I understand it is my responsibility to seek appropriate medical care for my child and if it is determined that a concussion occurred, will provide written clearance from a licensed health care professional before my child will be allowed to resume playing on a HYSA sponsored team.

SIGNATURE: _____ DATE: _____

Return form and check made out to HYSA- to Ken Murdough, 1165 Pine St, Contoocook, NH 03229 Find more info at www.hysasportsnh.com