

HYSA Basketball 2019/20 REGISTRATION FORM

Fees: We now have PayPal on our website
\$45.00 Pre-K-2nd grades start Dec 7th
3-6 grade Evaluations Oct 21-24 at HS
\$65.00 3-4 grades start week of Oct 28th
\$85.00 5-6 grades start week of Oct 28th
\$85.00 7-12 grades start week of Nov 11th
\$160 maximum per family

\$10 LATE FEE AFTER 10/20/19 for 3rd grade-6th grade basketball
(Scholarships are available) Also, I can use an older form if I have
one on file.

For HYSA use only
Amt: \$ _____ of \$ _____
Cash: _____ Check#: _____
Scholarship Amt: _____
Donation Amt.: _____

BASKETBALL VOLUNTEER TIME

(Must check one for 3rd grade and up)
 Head Coach * (fee waived once
selected, will refund)
 Assistant Coach *
 Extra \$15
 Sponsor team (\$200) or donation

(PLEASE PRINT CLEARLY)

Player's Last Name: _____
Player's First Name: _____
Street Address: _____
Town: _____ State: NH Zip: _____
Parent/Guardian 1: _____ Parent/Guardian 2: _____
Main Email Address: _____ (Print clearly please)
Other Email Address: _____
Home phone: _____
Parent/Guardian 1 cell phone: _____ Work phone: _____
Parent/Guardian 2 cell phone: _____ Work phone: _____

Sex: (please circle) M F _____
Date of Birth: _____ Age: _____ Division registering for: _____ **2019/20 Grade Level:** _____
Previous experience playing Basketball: _____

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

EMERGENCY CONTACT: in case parents cannot be contacted, please list an alternative emergency contact name.

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, including an un-cleared concussion, 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: _____

**Please make check payable to HYSA and return the registration and check to: to
Ken Murdough, 1165 Pine St, Contoocook, NH 03229
More info at our new website www.hysasportsnh.com**