

# HYSA Spring Baseball and Softball 2021 REGISTRATION FORM

## Fees:

\$45 T-Ball boys and girls 7 and under as of 5/1/21

\$45 Rookies Baseball 8 and under as of 5/1/21

Baseball ages 9-12 along with 13-15 will sign up with CNE

<http://www.concordnortheast.com/>

\$45 AA Softball ages 8 and under as of 1/1/21

\$75 AAA Softball ages 9-10 as of 1/1/21

\$75 Majors Softball ages 11-12 as of 1/1/21

\$75 Seniors Softball ages 13-16 as of 1/1/21

See [www.hysasportsnh.com](http://www.hysasportsnh.com) for more info

PayPal is available or you can pay by check or cash  
(Scholarships are available)

For HYSA use only

Amt: \$ \_\_\_\_\_ of \$ \_\_\_\_\_

Cash: \_\_\_\_\_ Check#: \_\_\_\_\_

Scholarship Amt: \_\_\_\_\_

Donation Amt.: \_\_\_\_\_

## VOLUNTEER TIME

(Must check one)

Coach \*

Assistant Coach \*

Add \$15

Team/ Sign Sponsors are available

\* background check needed

(PLEASE PRINT CLEARLY-really)

Player's First Name: \_\_\_\_\_

Player's Last 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 1 cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Parent 2 cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Sex: (please circle) M F

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Division/sport registering for: \_\_\_\_\_ **2020/21 Grade Level:** \_\_\_\_\_

Previous experience playing Baseball/Softball/other: \_\_\_\_\_

**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: \_\_\_\_\_

\*\*\*\*\*PLEASE READ AND SIGN\*\*\*\*\*

**RELEASE AND INDEMNIFICATION:** I, on behalf of myself and on behalf of any minor being registered above, hereby assume all risks and waive and release any and all claims as may arise against the Hopkinton Youth Sports Association and any persons who serving the Association in any capacity, including but not limited to its officers, directors, voting and nonvoting board members, coaches, assistants, referees, and others ("HYSA") arising from any illness, personal injury, property damage, death, loss, or damage that I, or such minor suffers during any practice, game, tournament (including transportation to or from), or other activity associated with HYSA ("Activities"). In the event that the preceding sentence is deemed invalid for any reason, I agree that HYSA's maximum aggregate liability to me and to the Minor shall be the sum of \$100. I agree to indemnify, defend, and hold HYSA harmless from any claims, lawsuits, demands for arbitration or other demands arising from or relating to such Activities. I acknowledge that COVID-19 remains a hazard that the participation in, or attendance at, HYSA related activities may involve an increased risk of transmission, and agree (on behalf of myself and the Minor) to assume all such risks. I agree to take reasonable precautions to avoid unnecessary risk of spread and to wear a mask if requested. I also agree that neither I nor the Minor will attend any HYSA Activity if I or the Minor has had any of the symptoms or risk factors identified by the CDC for COVID-19. 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:**  
**Ken Murdough, 1165 Pine St, Contoocook, NH 03229**  
**PayPal and more info is at our website [www.hysasportsnh.com](http://www.hysasportsnh.com)**