

HYSA Basketball 2021/22 REGISTRATION FORM

Fees:

\$45 2nd and under basketball-dates TBD

\$65 3rd grade and up basketball-dates TBD

MASKS will be worn by players, Coaches and spectators for all indoor events in Hopkinton. There may be limited or no spectators at home and away events. Guidelines are subject to change at any time.

See 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

* a 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: _____ **2021/22 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: _____

*****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**