

HYSA Summer Tennis-Fall Soccer/Golf 2019 REGISTRATION FORM

Fees:

\$45 Summer Tennis Session (TBD)
\$45 Fall Golf (TBD)
\$45 Pre K-2nd soccer or HYSA Card \$120
\$65.00 3-4 grades soccer or HYSA Card \$180
\$75.00 5-12 grades soccer or HYSA Card \$210
\$150 maximum per family for soccer
A HYSA Card is for the school year (3 sports)
Soccer/Basketball/Baseball-Softball-Tball
\$10 LATE FEE AFTER 7/15/19 for soccer 3rd grade-8th grade
HYSA provides T-Shirts to all (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/per season with Card
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: _____ **2019/20 Grade Level:** _____

Previous experience playing Soccer/Tennis/Golf/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: _____

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:
Ken Murdough, 1165 Pine St, Contoocook, NH 03229
More info at our new website www.hysasportsnh.com