

# PPYSA Registration Form

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Circle the program: Baseball Basketball Cheerleading Flag Football Football Soccer Softball

Grade for the 2011-12 school year: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age as of September 1, 2011: \_\_\_\_\_

Gender (circle)      Male      Female

Player's name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_, TX Zip \_\_\_\_\_

Father's Name: \_\_\_\_\_ Phone# \_\_\_\_\_

Email: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Phone# \_\_\_\_\_

Email: \_\_\_\_\_

Emergency contact: Name \_\_\_\_\_ Phone# \_\_\_\_\_

Please list any medical conditions the player may have: \_\_\_\_\_

\_\_\_\_\_

## Circle Jersey Size

### Jersey

YS YM YL YXL

AS AM AL

### Shorts

YS YM YL YXL

AS AM AL

### Pants

YS YM YL YXL

AS AM AL

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### All payments are due at sign-ups:

Check # \_\_\_\_\_ Cash: \_\_\_\_\_ Total Received \$ \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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## ZERO TOLERANCE POLICY

I understand that I am representing the Pilot Point Youth Sports Association and will obey all bylaws during this season. Any person that does not abide by the bylaws will be removed from the association for the time of not less than one year.

**THERE WILL BE NO PROFANE LANGUAGE OR DISRESPECT TOWARDS ANY COACH, REFEREE, OR COMMISSIONER. THERE WILL BE NO FIGHTING OR UNSPORTSMANLIKE BEHAVIOR FROM PLAYERS, COACHES, OR PARENTS.**

Parent/Guardian Signature \_\_\_\_\_

Player Signature \_\_\_\_\_

## LIABILITY CLAUSE

I, the parent/guardian of the registrant, minor, agree that I and the registrant will abide by the rules of the Pilot Point Youth Sports Association. I hereby release, discharge, and/or otherwise indemnify Pilot Point Youth Sports Association, its affiliated organizations or sponsors, their employees and associated personnel, including the owners of the utilized facility.

Parent/Guardian Signature \_\_\_\_\_

## CONSENT FOR MEDICAL TREATMENT

As the parent/guardian of \_\_\_\_\_, I hereby give consent for emergency medical care prescribed by a duly licensed doctor of medicine or dentistry. This care may be given under whatever conditions are necessary to preserve the well-being of my dependent.

Parent/Guardian Signature \_\_\_\_\_

## CONCESSION REQUIREMENTS

We are requiring that each player have at least one parent donate one hour of their time to the concession stand or gate during the season.

Parent/Guardian Signature \_\_\_\_\_