

## Hastings Youth Athletic Association Registration

### Traveling Softball (Girls Only)

10U Girls Softball  
 12U Girls Softball       16U Girls Softball  
 14U Girls Softball       18U Girls Softball

### Traveling Baseball

10U Baseball       13U Baseball  
 11U Baseball       14U Baseball       16U (VFW) Baseball  
 12U Baseball       15U Baseball       18U Baseball

**Player's Name:** \_\_\_\_\_ (Last) \_\_\_\_\_ (First)      **Gender:** (Circle One) M or F  
**Birth Date:** \_\_\_\_\_      **Age:** \_\_\_\_\_      **Current Grade:** \_\_\_\_\_      **Year of Experience:** (Circle One) None 1-3 4-6 7+

#### Player's Primary Residence

Parent/Guardian \_\_\_\_\_ (Last) \_\_\_\_\_ (First)  
 Parent/Guardian \_\_\_\_\_ (Last) \_\_\_\_\_ (First)  
 Address: \_\_\_\_\_ (Street) \_\_\_\_\_ (City)  
 Home Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

#### Player's Secondary Residence (if applicable)

Parent/Guardian \_\_\_\_\_ (Last) \_\_\_\_\_ (First)  
 Parent/Guardian \_\_\_\_\_ (Last) \_\_\_\_\_ (First)  
 Address: \_\_\_\_\_ (Street) \_\_\_\_\_ (City)  
 Home Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

I (we) the below signed parent(s)/caregiver(s) understand there is an inherent risk when playing in sports and hereby give permission for our child to participate in this HYAA activity. I (we) understand HYAA is **not** responsible for accidents or injuries.  
**HYAA reserves the right to limit the number of registrations per team and sport.**

Parent(s)/Caregiver(s) Signature \_\_\_\_\_ Date \_\_\_\_\_

Each family that registers a youth will be **expected** to volunteer **10 hours** of time to assist the association during that season.  
 Choose where you would like to volunteer.

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> Coach (Form ___)      | <input type="checkbox"/> Volunteer Coordinator | <input type="checkbox"/> Data Entry           | <input type="checkbox"/> Help at Tryouts        |
| <input type="checkbox"/> Asst Coach (Form ___) | <input type="checkbox"/> Team Manager          | <input type="checkbox"/> Help at Registration | <input type="checkbox"/> Clinic/Tournament Help |
| <input type="checkbox"/> Help at practice/game | <input type="checkbox"/> Picture Coordinator   | <input type="checkbox"/> Notary               | <input type="checkbox"/> Maintenance            |
|  |  | <input type="checkbox"/> Phone Caller         | <input type="checkbox"/> Anything! Call Me      |

**Medical Emergency Permission:** In the event of a medical emergency when a parent or caregiver isn't available. I hereby give permission for the coach to get medical treatment prescribed by medical personnel.

Parent(s)/Caregiver(s) Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Family Physician: \_\_\_\_\_ Clinic: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Registration Fee:** \_\_\_\_\_  
**Late Fee: (\$25)** \_\_\_\_\_  
**Non Volunteer Fee: (\$50)** \_\_\_\_\_  
**Tryout Fee PD** \_\_\_\_\_  
  
**TOTAL:** \_\_\_\_\_

**Any Special Needs or Medical Conditions:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
**Vacation/Camp Dates:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**MEDIA CLAUSE:** My child has my permission to be photographed while participating in HYAA activities and to use my child's pictures on the website, in the paper, radio or in other media to promote HYAA.

**NO REFUND if a player drops after March 1, 2012.**

CASH/CK# \_\_\_\_\_

PHONE: 651-437-8838      WEB: WWW.HYAA.INFO