

Linthicum Ferndale Youth Athletic Association, Inc.

(L.F.Y.A.A.)
(A Non-Profit Organization)
P.O. Box 37, Linthicum Heights, Maryland 21090

Rec'd By: _____

Pants Size: _____

Contract No: _____

Date: _____

Shirt Size: _____

Amt. Paid: _____

Season: _____

Cash _____ Check No. _____

League: _____

Concession Deposit _____

PLAYER CONTRACT & WAIVER

I would like to register to play: _____ Baseball _____ Softball _____ Cricket
_____ Soccer _____ Basketball

I would like to register to: _____ Play in the intramural program
_____ Try out for a travel ("select") team, if one is organized this year
(Check one or both as appropriate)

Player's Name _____ School: _____

Date of Birth _____ Years Experience _____ Gender _____

Address: _____

City _____ State _____ Zip _____

Work Phone _____ Home Phone _____ Cell _____

Email _____

Does your child have any health conditions of which his/her coach should be aware: Yes _____ No _____

If Yes, give a brief description (e.g. asthma)

I promise to carefully observe and abide by the rules, regulations and policies of Linthicum Ferndale Youth Athletic Association, Inc. (L.F.Y.A.A.)

I recognize that participation in this activity may involve certain hazards. I understand that I should not participate unless medically able. I assume the risks associated with involvement in this activity, including, but not limited to, fall contact with other participants, effects of weather and playing field conditions. These risks are known and appreciated by me and by my parent or legal guardian.

I, my parent or legal guardian whose name is signed below, hereby give permission for me to participate in the L.F.Y.A.A. programs and we hereby waive any and all claims against L.F.Y.A.A., its officers, employees, and agents, including all volunteers, from any and all claims resulting from injuries sustained during any L.F.Y.A.A. activity.

We understand that we will be expected to participate in various fund-raiser activities. A concession stand fee may be collected. If so, it will be refunded after concession stand duty has been performed. If I do not work a concession stand shift, this fee will be forfeited.

Note: No refunds will be issued to any player after he/she has been drafted onto a team, except under unusual circumstances (e.g. serious injury, relocation, etc.)

Player's Signature _____ Date _____ Parent/Guardian Signature _____

