



YOUTH'S LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ Middle Initial \_\_\_\_\_ [ ] MALE  
 [ ] FEMALE

BIRTHDATE \_\_\_\_\_ AGE \_\_\_\_\_ HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ [ ] BASEBALL [ ] SOCCER [ ] BASKETBALL [ ] CHEERLEADING  
 Experience: [ ] NO [ ] YES - No. of Years \_\_\_\_\_

PLEASE PRINT PARENT or GUARDIAN'S NAME \_\_\_\_\_ TELEPHONE #1 \_\_\_\_\_ TELEPHONE #2 \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ APT. # or FLOOR \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

**UNIFORM SIZES: (Please Check One)**

SHIRT: Youth Small [ ] Youth Medium [ ] Youth Large [ ] Adult Small [ ] Adult Medium [ ]  
 Adult Large [ ] Adult XLarge [ ] Adult XXLarge [ ]\* Adult XXXLarge [ ]\* \*Add \$7 for XX & XXX sizes

*All Players Must Wear Black Shorts.....Not included*

This organization exists for the benefit of our children and functions solely on active volunteer help and support.

Please indicate how you are willing to help:

[ ] Coach [ ] Asst. Coach [ ] Scorekeeping [ ] Concessions [ ] Fundraising [ ] Officiate [ ] Facility & Equipment

[ ] Other (please specify) \_\_\_\_\_

Release of liability and consent for medical treatment the undersigned parent or guardian, on behalf of both parents and any guardian with the youth named above, do give permission for the youth's participation in any and all activities of the Y.E.A.A for the year and do authorize the officers, agents, and coaches of the Y.E.A.A to provide any and all medical assistance which may be required. The undersigned also assumes responsibility for all risks and hazards incidental to the youth's participation including traveling to and from the activities, in consideration of the gratuitous services rendered by the officers, agents of the Y.E.A.A in providing and conducting these programs, we do release, absolve, indemnify and forever discharge Y.E.A.A it's officers, organizers, sponsors, supporters, the Borough of Yeadon, the William Penn School District, coaches, agents, members and any other persons taking part or assisting in the program from any and all liability, claims, damages, actions, suits arising now or in the future from any injury or result of participating in, including traveling to and from any activity of the Y.E.A.A

I and my child(ren) agree to abide by the Y.E.A.A Code of Conduct.

PARENT or GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

RECEIVED BY \_\_\_\_\_ DATE \_\_\_\_\_

AMOUNT PAID \_\_\_\_\_ RECEIPT NUMBER \_\_\_\_\_

[ ] CASH [ ] MONEY ORDER

**\$15 Fee for LATE Registration**

**NO REFUNDS WILL BE ISSUED AFTER THE CLOSE OF REGISTRATION**

- [ ] BEGINNER
- [ ] JUNIOR
- [ ] SENIOR
- [ ] ADVANCED

[ ] RETURNING TO SAME TEAM AS LAST SEASON - TEAM NAME: \_\_\_\_\_

[ ] PARTICIPATING IN PRESEASON DRAFT