

JYAA – 2010 YOUTH SPRING REGISTRATION FORM

BASEBALL _____

SOFTBALL _____

STRIKERS SOCCER _____

(CHECK ONE)

FEES: BASEBALL & SOFTBALL \$ 70.00 (family cap of \$ 140.00) STRIKERS SOCCER: \$ 85.00 (family cap of \$ 170.00)
(If you have children playing both Baseball/Softball and Strikers Soccer the family cap will be \$ 155.00)

PLAYER INFORMATION (PLEASE PRINT):

First	Last	Gender	
		F	M
Street Address		Date of Birth	Grade
Mother/Guardian Name		Father/Guardian Name	
Mother/Guardian Email		Father/Guardian Email	
Mother/Guardian Phone		Father/Guardian Phone	

(CHECK ONE)

BASEBALL DIVISIONS (Age as of 4/30/2010)

Major League (12-11) _____ Minor League (10-9) _____ Coach Pitch (8-7) _____ T-Ball (6-5) _____

SOFTBALL DIVISIONS (Age as of 01/01/2010)

Twelve & Under (12 -11) _____ Ten & Under (10-9) _____ Eight & Under (8-7) _____

SHIRT SIZE (CIRCLE ONE):

Youth: S M L XL

Adult: S M L XL

I'm interested in volunteering for: **Coach** _____ **Assistant Coach** _____ **Umpire** _____ **Concessions** _____

I'm interested in becoming a sponsor. Please contact me: **NAME/PHONE** _____

Mail Form To: Johnstown Youth Athletic Association, PO Box 433, Johnstown, Oh. 43031

For more information on all the JYAA programs visit our web site at www.jyaa.org

FINAL ACCEPTANCE/REGISTRATION AGREEMENT

THE FOLLOWING HOLD HARMLESS AGREEMENT MUST BE READ BY PARENTS OR LEGAL GUARDIAN AND SIGNED PRIOR TO CHILD'S PARTICIPATION IN THE JYAA PROGRAM

The undersigned parents or legal guardian, in consideration of the acceptance of their child as a participant in the Johnstown Youth Athletic Association does hereby; 1) Agree to assume any and all risk and liabilities incidental to active participation in JYAA programs by such child; 2) Agree to indemnify, defend, and hold YJAA, its trustees, staff, officers, coaches, officials, and all volunteer workers harmless from and against any claim, demand and liability for any injury, property damage, and loss or damage to personal property; 3) Acknowledge and understand that no medical insurance is maintained by the JYAA, such insurance being the sole responsibility of each participant; and 4) Agree that prior medical or health problems must be disclosed by them to the JYAA prior to any child being assigned to a team.

Signature _____ **Date** _____

(Make Checks Payable to JYAA)

Amount Paid: _____ Payment Type: Cash _____ Check #: _____

Registration forms and fees must be received by the signup deadline to avoid a \$10 late fee**

REGISTRATION DEADLINE WILL BE FEBRUARY 27, 2010