Christian Youth Athletics
REGISTRATION & LIABILITY RELEASE FORM

Player's Name _____ Birthday _____ Age/Sex _____/_____

Mother /Guardian(s) Name _____ Cell Phone _____ Work Phone _____

Father /Guardian(s) Name _____ Cell Phone _____ Work Phone _____

Best Email Address _____ Home Phone _____

Home Address (Number & Street) _____ City _____ State _____ Zip _____

Emergency Contact (Other than parent) _____ Best Phone _____

Circle One: **Uniform Shirt Size:** YXS YS YM YL AS AM AL AXL

Health Insurance (Provider & Policy #) _____

Please explain any special health concerns that your child has here: _____

_____

List any allergies:_____

I give permission for my child to take part in the Christian Youth Athletics (CYA) Baseball/Softball Season. In the event of an injury or medical emergency, I hereby authorize Christian Youth Athletics volunteers to administer First Aid, call 911, and/or take the above named child to a physician, for emergency room treatment at the nearest available hospital. I accept full responsibility for damages to equipment and uniforms while in my child's possession. If damages do occur, I will pay the cost to replace the damaged item(s). I release Christian Youth Athletics, Rock City Church, and all Christian Youth Athletics Member Churches & League Partners from liability for accidents or injury that may occur to my child. I understand that I am fully responsible for any legal or court fees should I ever decide to take legal action against the league or its member affiliates. I understand that my child's photograph may appear in CYA media releases, web, or print publications of the league or its' sponsors.

I have read the above statements and hereby give my written consent.

SIGN:_____ DATE:_____

Parents: Please check the areas where you will volunteer your service. Thank you!

☐ Head Coach/Manager (Director will contact you to explain league requirements)

☐ Assistant Coach (Director will contact you to explain league requirements)

☐ Team Parent ☐ Concession Stand Volunteer ☐ CYA Explosion Volunteer

☐ Business Sponsor (League Director will contact you about opportunities available)

Season Program (Check all that applies): Send your child a note of encouragement or advertise your business!

☐ I would like to include a message to the child listed above in the season program (Limit 25 words max) Additional **$10**
Write your message here: _____

_____

☐ I would like to advertise my business in the season program (League Director will contact you)

For Official Use Only:
Total: _____ Cash: _____ Check#/Amount:_____ Credit: _____ Collected By: _____