



Norristown Youth Athletic Association

Phone: 610-783-3159

Email: nyaaeagles1@gmail.com

Student Athlete Registration Form

Participant Information

<i>First and Last Name</i>		<i>Date of Birth</i>	<i>Age</i>
<i>Residential Address</i>		<i>City</i>	<i>State</i>
<i>Primary Language Spoken at Home</i>		<i>Gender</i>	
<i>Race</i> <input type="checkbox"/> Black/ African American <input type="checkbox"/> White/ Caucasian <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/ Pacific Islander <input type="checkbox"/> Multi-racial			
<i>Home Phone</i>	<i>Cell Phone</i>	<i>Email</i>	
<i>School Name</i>			
<i>Grade (circle one)</i> <input type="checkbox"/> K <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <input type="checkbox"/> 5 th <input type="checkbox"/> 6 th <input type="checkbox"/> 7 th <input type="checkbox"/> 8 th <input type="checkbox"/> 9 th <input type="checkbox"/> 10 th <input type="checkbox"/> 11 th <input type="checkbox"/> 12 th			
<i>Shirt Size (circle one)</i> <input type="checkbox"/> Child's Small <input type="checkbox"/> Child's Medium <input type="checkbox"/> Child's Large <input type="checkbox"/> Adult Small <input type="checkbox"/> Adult Medium <input type="checkbox"/> Adult Large <input type="checkbox"/> Adult X-Large <input type="checkbox"/> Other			

Parent, Guardian and Emergency Contact Information

Contact 1		<i>Check all that apply</i>		
<i>First & Last Name</i>	<i>Relationship</i>	<i>Caregiver</i> <input type="checkbox"/>	<i>Emergency Contact</i> <input type="checkbox"/>	<i>Authorized for Pick Up</i> <input type="checkbox"/>
<i>Email Address</i>	<i>Phone</i>			
Contact 2				
<i>First & Last Name</i>	<i>Relationship</i>	<i>Caregiver</i> <input type="checkbox"/>	<i>Emergency Contact</i> <input type="checkbox"/>	<i>Authorized for Pick Up</i> <input type="checkbox"/>
<i>Email Address</i>	<i>Phone</i>			
Contact 3				
<i>First & Last Name</i>	<i>Relationship</i>	<i>Caregiver</i> <input type="checkbox"/>	<i>Emergency Contact</i> <input type="checkbox"/>	<i>Authorized for Pick Up</i> <input type="checkbox"/>
<i>Email Address</i>	<i>Phone</i>			
Contact 4				
<i>First & Last Name</i>	<i>Relationship</i>	<i>Caregiver</i> <input type="checkbox"/>	<i>Emergency Contact</i> <input type="checkbox"/>	<i>Authorized for Pick Up</i> <input type="checkbox"/>
<i>Email Address</i>	<i>Phone</i>			

Please list any behavioral concerns, dietary restrictions, medical conditions, or any other important information for our staff to know.

Parent/Guardian Printed Name and Signature _____



Norristown Youth Athletic Association
1981 W. Main Street, Norristown, PA 19403
Phone: 610-783-3159 Email:nyaaeagles1@gmail.com

My child is registering for: _____ for the 20____ season.

Release and Liability

In Consideration of my/our child being allowed to participate in any way for Norristown Youth Athletic Association (NYAA) for the 2026/2027 season, it's related events and activities, the undersigned acknowledges, appreciates, and agrees that:

The risk of injury from the activities involved in this program is significant, including the potential risk for permanent paralysis and death, and while rules, equipment and personal discipline may reduce the risk, the risk of serious injury does exist; and

I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releases or others and assume full responsibility for my participation; and I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe an unusual and significant hazard during my presence or participation, I will bring such to the attention of the nearest official immediately; and

I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release, indemnify, and hold harmless Norristown Youth Athletic Association, and it's officers, officials, agents and/or volunteers, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event, with respect to any and all injury, disability, death, or loss or damage to person or property, whether arising from the negligence of the releases or otherwise, to the fullest extent by law.

If my minor child suffers an injury or illness in NYAA programs that requires immediate medical attention, I understand that I/my minor child will immediately be taken to the nearest hospital where the required medical attention will be given. I further agree that no employee, official, agent or representative of the NYAA will be held responsible for injuries or damages arising from the provision of any such emergency medical treatment.

By signing below, I acknowledge that it is my and my child's responsibility to arrange transport home.

I understand that no refunds will be given unless Norristown Youth Athletic Association cancels the age group for my registered child.

If a child leaves a practice or game for any medical reason, he or she cannot return without medical clearance from a physician. At any time, a coach can require medical clearance of a player to be able to participate or play at his/her own discretion.

Photo release statement: I also hereby consent, without further consideration or compensation, to use (full/partial) of all photos, audios or videos made of my child or family members during Norristown Youth Athletic Association sporting events, for the purposes of events documentation, promotional materials, or web content. Further, I release Norristown Youth Athletic Association and its volunteers from any liability which may arise from the use of those photos.

I have read this release of liability and assumption of risk agreement. I fully understand its terms. I understand that I have given up substantial rights by signing it and signed it freely and voluntarily without any inducement.

Parent/Guardian Printed Name and

Signature_____