



WAVERLY HALL YOUTH SPORTS REGISTRATION FORM



PARTICIPANT INFORMATION

Child's Name: _____ Nickname: _____
 Date of Birth: _____ Age as of 31 DEC: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Siblings playing with WHYSA during current season
 (Other teams or cheer): _____
 Sibling Age: 5&6 7&8 9&10 11-13
 Jersey Number Requested: 1) 2) 3)

PARENT INFORMATION

Mother/Guardian: _____ Father/Guardian: _____
 Cell Phone: _____ Cell Phone: _____
 Home Phone: _____ Home Phone: _____
 Email: _____ Email: _____

MEDICAL RELEASE

Allergies: _____
 Medical Conditions _____
 Previous Injuries _____

WAIVERS

Initial _____ I/we, the parents/guardians of the above named candidate for a position on a youth sports team; hereby give my/our approval to participate in any and all youth sports activities, including transportation to and from the activities. I/we know that participation in youth sports may result in serious injuries and do hereby waive, release, absolve, indemnify, and agree to hold harmless the local incorporated, the organizers, coaches, volunteers, sponsors, supervisors, participants, and persons transporting my/our child to and from activities from any claim arising out of injury to my/our child whether the result of negligence or for any other cause.

Initial _____ Media Waiver: I/we, the parents/guardians of the above named candidate for a position on a youth sports team; hereby grant the Waverly Hall Youth Sports Association (WHYSA), parents, coaches and volunteers permission to photograph or film my child. I authorize the use and display of said photographs in any publication, multimedia production, display, advertisement or world-wide web publication. I also agree that the name, likeness, or biographical information supplied by the undersigned.

Initial _____ FOR MYSELF, SPOUSE, AND CHILD/WARD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for child/ward, participation; I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant concern in my child/wards', readiness or, hazard during my presence or participation, and/or in the program itself, I will remove my, child/ward, from participation and bring such to the attention of the nearest official immediately; and I, for myself, my spouse, my child/ward, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS Waverly Hall Youth Sports Association, their officers, directors, officials, volunteers, agents, and/or employees, other participants, sponsoring agencies, tournament host, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event (RELEASEES), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, incident to my child/wards', involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, TO THE FULLEST EXTENT PERMITTED BY LAW. I, for myself, my spouse, my child/ward, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releases from any and all liabilities incident to my child/ward's involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

 Print Name of Parent/Guardian

 Parent/Guardian Signature

 Date

***** OFFICE USE ONLY *****

TOP SIZE: _____

BOTTOM SIZE: _____

Payment Received: _____ NOTES: _____

Method of Payment: _____

Amount Received: _____

Received By: _____