

ALL YONKERS YOUTH ASSOCIATION

P.O. BOX 295
YONKERS, NEW YORK 10710
www.allyonkers.org

FEE is \$105.00 Per Child; \$275.00 for 3 Children in the same family per sport.

Please PRINT all information and SIGN the form.

Please check here if you will COACH _____ ASSIST _____ Sponsor A Team (Y/N) _____

Note: A separate application must be filled out for each child.

(Check one): **Soccer** _____ **Basketball** _____ **Indoor Soccer** _____ **Baseball** _____ **Softball** _____ **Flag Football** _____

Circle One:(Spring / Summer / Winter / Fall)(yr.) **2** _____

Child's last name: _____ Child's first name: _____ M ___ F ___

Date of birth: ___/___/___ Home telephone #: (____) _____ School Attending: _____

Home address: _____ City: _____ Zip code: _____

Parent's name: _____ Phone: _____ Email: _____

Parent's name: _____ Phone: _____ Email: _____

Other information for placement purposes: _____

Emergency Contact Name: _____

Emergency Contact Telephone #: _____

Allergies/Health Notes: _____

*** MEDICAL RELEASE ***

- I hereby give my permission for my child named above to participate in the ALL YONKERS YOUTH ASSOCIATION sport indicated above during the current season.
- To the best of my knowledge, my child's health permits him/her to participate in this program.
- In the event that I am not present on the field, I hereby grant permission for my child to receive any and all necessary medical attention until such times as I may be contacted.
- I hereby authorize any officer, coach, or agent of the ALL YONKERS YOUTH ASSOCIATION to transport as required the above named child for any medical attention.
- I hereby assume responsibility for insuring that my child arrives for games wearing the required safety equipment and protective gear (cup, shin guards, shoes, etc.) for the above identified sport.
- I hereby assume all risks and hazards incidental to my child's participation in the above-identified sport, including transportation to and from the activity.
- I hereby waive, release and absolve the ALL YONKERS YOUTH ASSOCIATION, its coaches, managers, sponsors, board of directors and participants from any claim arising out of injury to my child except to the extent and in the amount covered by accidental and/or liability insurance.

Signature of parent or guardian: _____ Date: _____

*** Returned checks will incur a \$50.00 processing charge**

Total Fee(s): \$ _____ Cash _____ Check # _____ Date Paid ___/___/___