



MOUNTVILLE YOUTH ATHLETIC ASSOCIATION 2009 BASKETBALL REGISTRATION

PARTICIPATION FEE SCHEDULE

*Family maximum charge per sport season is \$ 120.00, regardless of the number of participants.

Basketball \$60.00 *

PARTICIPANT INFORMATION

Participants Name:	Birth Date:
Address:	Phone:
City:	Zip:
Last Year's Team:	Boro or Township:

Father's Name	Father's Info: (if different from above)
Address:	Phone:
City:	Zip:
Employer:	Occupation:
Work Phone:	Email Address:

Mother's Name:	Mother's Info: (if different from above)
Address:	Phone:
City:	Zip:
Employer:	Occupation:
Work Phone:	Email Address:

I can assist in the following: (circle as many as you like)

Coach	Assistant Coach	Team Mom	Scoreboard	Fundraising
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CONSENT

I / We give permission for my son / daughter (print name) _____ to participate in the MYAA Football Program and request the above stated player participate in the organized sports program of the MYAA, and in consideration of such participation and intending to be legally bound hereby, said parent and/or guardian of player acknowledges that player will participate in the MYAA and all games and practices incident thereto and be using said facilities at his/her own risk and said parent and/or guardian of player on his own behalf hereby releases, discharges, holds harmless and indemnifies the MYAA and it's successors, assigns, coaches, and officers from all liability for injury to the person or property of the minor child, his heirs or assigns. This release and indemnification shall be binding upon parent and/or guardian, his spouse, heirs, and legal representatives

Signature of Parent or guardian: _____ Date: _____

ATHLETE EMERGENCY INFORMATION

In case of emergency, illness, or accident to the athlete listed above, the MYAA is authorized to proceed as indicated below:

Hospital Preference: _____

List other desired procedures: _____

List any allergies or other medical conditions to be noted : _____

Athlete's Primary Insurance Carrier: _____ Policy Number: _____

In the event of an emergency I/We grant permission to the attending physician to hospitalize, secure proper treatment for and order anesthesia, or surgery for my child

Signature of Parent or guardian: _____ Date: _____

FORM OF PAYMENT (FOR MYAA USE ONLY)

Cash / Check	Check #:	Amount:	Fundraising voucher:	Birth Certificate verified: Yes / No
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Received by: