

A.H.Y.A.A. 2010 Softball Registration Waiver

(Office Use Only)
Non Fee: \$ _____

Parent's Name (PRINT) _____

Reg. Fee: _____

Address _____ Zip _____

Amt. Pd: \$ _____

Phone # _____ Map Code (see list) _____

Cash _____ Chk. # _____

Participant's Name _____ Grade _____ School _____ DOB ____/____/____

Participant's Name _____ Grade _____ School _____ DOB ____/____/____

Participant's Name _____ Grade _____ School _____ DOB ____/____/____

Softball Fees: 3rd thru 8th grade / \$105 per participant (\$130.00 after 2/6/10) (\$155.00 after draft or placement.)
9th thru 12th grade / \$105.00 per participant

Refunds: Full refunds before placement or draft less \$20.00 insurance and administrative fee. After draft or placement, 50% less \$5.00 processing fee. In cases of injury - full refund. No refunds after games begin.

Returned Check(s): \$20.00 will be charged for any returned checks(s).

Eligibility: 3rd - 12th graders at time of registrations who reside in Arlington Hts. and / or attend school with Arlington Hts. children.

Participation: Parent/guardian must sign up for and participate in one job for each child, OR pay an extra \$85.00 non-participation fee per child. Codes 1 & 2, League/Division Reps, Board of Directors count as 2 jobs.

Code(s) Job 1: _____ Job 2: _____
(See List) Code # & Name Code # & Name

**** Failure to perform job(s) completely will result in assessment of \$85.00 per job not completed. ****

The undersigned parent/guardian hereby registers the above named child as a participant in the Arlington Heights Youth Athletic Association (AHYAA) program. The undersigned parent/guardian, for and in consideration of such child being permitted to participate in AHYAA activities does hereby release and forever discharge AHYAA, its officers, directors, supervisors, volunteers and participants, and all other persons, firms, corporations, associations, or other entities from any and all claims, actions, causes of action, demands, rights, damages and costs whatsoever which may hereafter accrue on account of or in any way growing out of any and all known or unknown, foreseen or unforeseen bodily or personal injuries and property damages, and the consequences thereof, arising out of or resulting from participation in AHYAA activities, including but not limited to, tryouts, practices, games, contests, and transportation to or from such activities.

PARENTSIGNATURE: _____ email address _____

To Whom it May Concern: Release dates: 1//01//10 - 12/31/10

As a parent/guardian of the child named below, I do herewith authorize the treatment by a qualified and licensed medical doctor in the event of medical emergency which in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

Name of Child (Please Print) _____
(first and last name)

This release is completed and signed of my own free will for the purpose of authorizing medical treatment under emergency circumstances.

Parental Signature: _____ Phone # _____

Physician or Provider: _____ Phone # _____

Specific medical allergies, chronic illnesses or other conditions: _____

Alternate contact: _____ Phone # _____

NOTE: A separate medical release must be filled out for every registrant !!!