

KENNEDALE YOUTH ASSOCIATION

REGISTRATION AND MEDICAL RELEASE FORM

Baseball _____ Football _____ Cheerleading _____ # OF YEARS PLAYING THIS SPORT _____

CHILD'S FULL NAME _____ AGE _____ BIRTHDATE _____

FATHER'S NAME _____ MOTHER'S NAME _____

ADDRESS _____ CITY _____ ZIP _____

EMAIL ADDRESS _____ HOME PHONE _____

CELL PHONE _____ PREFERRED CONTACT: Email Cell Home Text

SCHOOL _____ GRADE _____ (At time of sport) PEF HOSPITAL _____

NAME OF INSURANCE COMPANY _____ POLICY NUMBER _____

MEDICAL HISTORY (Including known allergies) _____

MY SPOUSE OR I WOULD LIKE TO VOLUNTEER FOR THE FOLLOWING:

COACH _____ ASSISTANT COACH _____ TEAM MOM _____ SPONSOR _____ GROUNDS KEEPER _____ UMPIRE _____ TIME
KEEPER _____ SCORE KEEPER _____ FUND RAISING _____ CONCESSION WORKER _____

By continuing with the registration process and signing the Kennedale Youth Association Registration and Medical Release Form, I agree that I have read and fully understand the KYA Code of Ethics and Sport Expectations/Guidelines.

I, THE PARENT (OR GUARDIAN) OF THE CHILD NAMED AT THE TOP OF THIS FORM, HEREBY GIVE MY APPROVAL TO THEIR PARTICIPATION IN ANY AND ALL ASSOCIATION ACTIVITIES DURING THE CURRENT SEASON. I DO HEREBY WAIVE, RELEASE, ABSOLVE, INDEMNIFY AND AGREE TO HOLD HARMLESS THE ASSOCIATION, BOARD MEMBERS, COACHES, THE ORGANIZER, SPONSORS, SUPERVISORS, PARTICIPANTS AND ANY PERSONS CONNECTED TO KYA.

Photos may be used that are of Teams and/or Individual players at KYA events for the sole use of acknowledgment and recognition of the players and coaches involved with KYA. The term "KYA" includes KYA Board Members, coaches, and team parents. Publications can include, but not limited to, KYA Website, newspaper articles and additional public relations information.

- _____ I agree to allow KYA use of **any** photographs containing images of my child.
- _____ I agree to allow KYA use of **ONLY TEAM** photographs containing images of my child.
- _____ I **DO NOT** give my consent for any image of my child to be used by KYA.

THIS IS TO CERTIFY THAT IF EITHER PARENT OR GUARDIAN OF _____, A PLAYER ON THE _____ KYA TEAM IS NOT PRESENT AT ANY KYA ACTIVITY (BE IT PRACTICE OR OFFICIAL LEAGUE PLAY) AND MY CHILD IS HURT AS A RESULT OF ACCIDENT, INJURY OR ILLNESS, I, THE PARENT OR GUARDIAN HEREBY GRANT PERMISSION TO THE ADULT MANAGER, COACH OR BUSINESS MANAGER OF THE TEAM TO OBTAIN MEDICAL CARE FROM ANY LICENSED PHYSICIAN, HOSPITAL OR MEDICAL CLINIC FOR THE PLAYER NAMED HEREIN AT SUCH TIME AS EITHER PARENT OR LEGAL GUARDIAN CANNOT BE CONTACTED IN PERSON OR BY TELEPHONE. THIS AUTHORIZATION SHALL INCLUDE ALL PRACTICE, LEAGUE ACTIVITIES, INCLUDING THE PERIOD REQUIRED TO TRAVEL TO AND FROM THOSE ACTIVITIES, AND WE DO HEREBY WAIVE, RELEASE, ABSOLVE, INDEMNIFY AND AGREE TO HOLD HARMLESS THE KENNEDALE YOUTH ASSOCIATION, KYA BOARD MEMBERS AND ALL THE ABOVE MENTIONED. I, THE PARENT OR GUARDIAN, UNDERSTAND THE MAIN PHILOSOPHY OF KYA IS TO TEACH GOOD SPORTSMANSHIP. BY SIGNING MY CHILD UP TO PARTICIPATE IN KYA SPORTS, I AGREE TO EXHIBIT GOOD SPORTSMANSHIP AND ABIDE BY ALL RULINGS OF THE OFFICIAL IN CHARGE AT ANY KYA ACTIVITY.

DATE _____ SIGNATURE OF PARENT OR GUARDIAN _____ PRINTED NAME _____ RELATIONSHIP _____

FOR OFFICIAL USE ONLY

Fee Pd	Date	Division	Gr	Playing Age	Reg Form	BC Rcvd	BV Form
Notes: (Medical Alerts, Payments, Forms Missing, etc.)							