

Navarre Youth Sports Association, Inc.
<http://www.nysasports.com>
Member / Player Registration Form

Check One:

Aerobics **Baseball** **Basketball** **Camp** **Cheerleading** **Dance Team** **Football**
 Gymnastics **Home School P.E.** **Soccer** **Softball** **Volleyball** **Other:**

PLAYER INFORMATION

Child's Last Name: _____ First Name: _____ Middle Initial: _____
 Date of Birth: _____ Age: _____ Sex: M _____ F _____ Weight _____ (Football Only)
 Sizes (Check size that applies): School: _____ Grade: _____
 SHIRT: Adult _____ Youth _____ XLG _____ LG _____ M _____ S _____
 PANTS: Adult _____ Youth _____ XLG _____ LG _____ M _____ S _____
 HAT: Adult _____ Youth _____

Return Player: _____ New Player: _____
 If Returning Player, To Same Division, Team Name _____

PARENTS OR LEGAL GUARDIAN

Last Name: _____ First Name: _____ Middle Initial: _____
 Last Name: _____ First Name: _____ Middle Initial: _____
 Street Address: _____ City: _____ State: _____ Zip Code: _____
 Home Phone: _____ Work Phone: _____ (Include area codes)
 Email Address: _____ Cell Phone: _____
 Interested in Coaching Yes _____ No _____ If yes, what sport? _____
 Interested in becoming a Committee Member Yes _____ No _____ If yes, what committee? _____

Committees Include: Fundraiser, Concession, Membership, Newsletter, Grounds, Field Maintenance, Umpire, Oversight, Registration

I, the Parent(s) or Legal Guardian of the named participant(s) for a position on an NYSA team, give consent to his/her participation in any and all team activities during the current season. I assume all risks and hazards incidental to such participation, including transportation to and from activities. I hereby waive, release, absolve, indemnify, and agree to hold harmless the league, organizers, sponsors, supervisors, participants and persons transporting my child to or from activities, for any claim arising from an injury to my child.

MEDICAL RELEASE	PICTURE RELEASE	NYSA USE ONLY
In case of an emergency and my family physician cannot be reached, I hereby authorize the NYSA to have my child treated by another qualified, licensed physician who is available. Family Physician: _____ Phone: _____ Address: _____ Date of Last Tetanus: _____ Allergies: _____	I, _____ give permission for NYSA to publish a photo of my child on the official NYSA website or local newspaper. First names only will be used. Parent Signature _____ Date _____	Check #: Cash: Registration: Membership: Concession: Other: Total:

NYSA Membership Fee is Non-Refundable. Registration Fee is refundable by the Sports Commissioner at their discretion as well as the policy listed on the back. \$25.00 Returned Check Fee. I hereby acknowledge that the Insurance provided by the NYSA is considered a secondary policy with limited coverage and only pays after primary coverage.

I hereby agree to abide by NYSA By-Laws, Policies, procedures, and park rules established and approved by the NYSA Board of Directors.

PLEASE SEE DETAILS CONCERNING NYSA ON BACK

Signature of Parent/Guardian: _____

Date: _____

(1) Witness: _____

(2) Witness: _____

Navarre Youth Sports Association, Inc.

Ph. (850) 939-5202

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Objective of NYSA: The objective of the Navarre Youth Sports Association shall be to implant in the children of the community the ideals of good sportsmanship, honesty, loyalty, courage, and respect for authority so they may be well adjusted, stronger, and happier children.

Volunteer Program: The NYSA is a volunteer program that requires the help of all parents. Please help our program by joining us as coaches, committee members, board members, or umpires. All volunteers are asked to help in concession area or make a donation of \$25.00 for us to hire someone to work in your place.

Insurance: The NYSA carries a medical insurance policy, which is considered a secondary policy. The policy pays only after your primary coverage and then still has very limited benefits. If the need should arise, you will be required to pay the deductible.

Please do not depend on this policy as your only coverage. If you have any questions concerning insurance please call the NYSA office.

NYSA Board Member Meetings: The NYSA meetings are held on the third Wednesday of every month at 6:30 p.m. at the NYSA Gymnasium. The Board of Directors may reschedule meetings that fall on Federal Holidays.

Membership Dues: The membership dues are mandatory and are set by the Board of Directors prior to any membership period. NYSA is made up of volunteers and players. In accordance with section 501(c)3, Federal Internal Revenue Code, the NYSA operates exclusively as a non-profit organization. No part of the net earnings shall benefit any of the private shareholders or the individuals.

NYSA Annual Meeting: The annual meeting of NYSA is held the third week of October each year for the purpose of electing Directors, receiving reports, and the transaction if such other business as may properly come before the meeting.

Registration Fee Refund Policy: The sports program registration fee is refundable at the Commissioner discretion following these guidelines:

- Individual equipment/uniforms have not been purchased
- Medical condition before the season starts, keeps the individual from playing.
- Time at which the refund is requested based on the sports season as well as reason.

If members feel that the Sports Commissioners decision was unfair, that member can write a letter to NYSA Board of Directors stating why.