

# DUARTE YOUTH ATHLETIC CLUB

Date: \_\_\_\_\_

Childs Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**PAYMENT IN FULL OR A \$50 DEPOSIT IS REQUIRED AT THE TIME OF REGISTRATION, PER PLAYER. PAID IN FULL IS REQUIRED BY JANUARY 15, 20\_\_\_\_ AND NO REFUNDS WILL BE ISSUE AFTER THIS DATE.**

Does the child have any health or physical limitations? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

\_\_\_\_\_ Allergic to Medications? \_\_\_\_\_

Provide emergency telephone number(s) for contact, if parents cannot be reached at the above number:

Contact Name: \_\_\_\_\_ Number: \_\_\_\_\_ Relationship to Player: \_\_\_\_\_

**Emergency Authorization:** In the event of an accident or emergency, involving the minor child named above, I, the parent or legal guardian, grant and authorize the managers, coaches, and/or officers or representatives of DYAC, to seek and obtain medical aid, treatment, and/or emergency care deemed necessary as a consequence of any participation in, attendance at, or travel to and from scheduled events of DYAC. The family will be considered the primary insurance. If medical insurance provided by DYAC is utilized, the parents or legal guardian shall assume responsibility of payment of deductible fees associated with such the child named above.

Name of Insurance: \_\_\_\_\_ Policy#: \_\_\_\_\_

**Authorization to participate:** I, the parent or legal guardian of the child named above, grant authorization for my child to participate in any and all PONY Baseball, Inc. or league activities sponsored and/or sanctioned by DYAC, for the current season. It is understood that DYAC assumes no risk or hazards incidental to such participation, including, but not limited to, transportation to and from any sponsored and/or sanctioned activities. I, the parent or legal guardian of child named above do hereby agree to waive, release, absolve, indemnify and agree to hold harmless PONY personnel and persons transporting the minor to or from sponsored and/or sanctioned activities from any claim, including the payment of all damages, expenses, and costs (including reasonable attorney fees) associated with such claim. I further certify and agree the above information is true and correct, and hereby agree to the terms and conditions within this application. Furthermore, I understand the registration fees are non-refundable.

**\*\* I agree to participate in designated fundraising for each participant enrolled.  Initial**

Print Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Division assigned to: \_\_\_\_\_ Team: \_\_\_\_\_ Fee: \$ \_\_\_\_\_

<b>DYAC USE ONLY</b>	
Date: _____	
Player Agent: _____	
Returning Team: _____	
Age By Age Chart <input type="checkbox"/>	Receipt #: _____
NOTE: _____	
_____	

Past season payment: \$ \_\_\_\_\_

Other: \_\_\_\_\_ \$ \_\_\_\_\_

TOTAL DUE: \$ \_\_\_\_\_

TOTAL PAID CASH: \$ \_\_\_\_\_

Check #: \_\_\_\_\_ \$ \_\_\_\_\_

BALANCE DUE: \$ \_\_\_\_\_

JERSEY SIZE: Y \_\_\_\_\_ A \_\_\_\_\_

PANT SIZE: Y \_\_\_\_\_ A \_\_\_\_\_