

# Lakeshore Youth Athletic Association



## T-Ball, Softball, and Baseball Registration Form



Please Check one of the Following and complete the information below.

\_\_\_ T-Balls (K & 1<sup>st</sup> Grade)    \$60  
\_\_\_ Softball 7 thru 12            \$80  
\_\_\_ Baseball 7 thru 12            \$80

Please check the website for skills day dates and times.

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ GENDER: M / F

AGE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ GRADE: \_\_\_\_\_ SCHOOL \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

Shirt Size:    AXL    AL    AM    AS    YXL    YL    YM    YS  
Pant Size:    AXL    AL    AM    AS    YXL    YL    YM    YS

Mother's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Home Phone # \_\_\_\_\_

Home Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_

Work Phone # \_\_\_\_\_

Work Phone # \_\_\_\_\_

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

Do you want to receive information about LYAA via email?    Yes / No

Medical History: (To be completed by parent or guardian)

Is there any history of:

Circle One

- |   |     |    |
|---|-----|----|
| A. Birth Deformities (one eye, one kidney, etc.)?     | Yes | No |
| B. Past illness of more than one-week duration?       | Yes | No |
| C. Medical conditions currently under treatment?      | Yes | No |
| D. Fractures or other disabling injuries in the past? | Yes | No |
| E. Any deformities or disabilities?                   | Yes | No |
| F. Allergies (food, stings, drugs, etc.)?             | Yes | No |
| G. Mental Disorder or convulsions?                    | Yes | No |
| H. Currently on prescription drugs?                   | Yes | No |

Explain any yes answers:

I, the undersigned parent or guardian of the above named participant, hereby give my consent to his/her practicing, playing, and otherwise participating in the sport or activity noted above sponsored by the Lakeshore Youth Athletic Association ("LYAA"). I represent, warrant and affirm that, to the best of my knowledge, the above named child is physically capable of participating in the noted sport or activity. I further understand, acknowledge, and agree that the responsibility for identifying medical needs of the above named child is mine and not that of the LYAA, its coaches, officials, or representatives.

Furthermore, in consideration of the training in athletics and good sportsmanship being provided to my child in connection with practicing, playing, and participating in the sport or activity noted above, including all related travel, and recognizing that by participating in such activities, there is an inherent risk and chance of injury, I hereby waive and release all coaches, officials, and the LYAA and its officers, directors and representatives, as well as any other person constituting a part of any team or program in any capacity whatsoever (collectively, the "Indemnities"), from all liabilities, damages, losses, claims, actions and/or costs, including, without limitation, claims for bodily injury, death and/or property damage ("Claims"), in any way arising out of, related to and/or resulting from my child's involvement in the sport or activity noted above. I also agree to indemnify, defend and hold harmless the Indemnities from all Claims.

In addition, I hereby acknowledge, agree and consent, on behalf of me and my child, to abide by the LYAA Code of Conduct posted at [www.lyaasports.org](http://www.lyaasports.org). I further understand, acknowledge and agree that any violation of the LYAA Code of Conduct by me, my child and/or any other parent or guardian of my child, can result in disciplinary action, including suspension and/or probation of me, and/or my child and/or any other parent or guardian of my child, as determined appropriate, in the sole discretion of the LYAA Board of Directors.

I also grant permission for treatment deemed necessary for a condition arising during participation in these activities, including medical or surgical treatment recommended by a medical doctor. I understand that every effort will be made to contact me prior to treatment.

**I ACKNOWLEDGE THAT I HAVE READ AND AGREE TO THE ABOVE:**

PARENTS SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

CHECK #: \_\_\_\_\_ CASH: YES/NO To mail your registration, please complete the registration form, attach a check written to LYAA, and mail it to our address: LYAA, PO Box 5146, Mooresville, NC 28117

\*Birth Certificates must be available upon request if needed \*