



BOILING SPRINGS YOUTH ATHLETIC ASSOCIATION, INC.

Post Office Box 160213
Boiling Springs, South Carolina 29316

NAME _____ AGE _____ BIRTHDATE _____

ADDRESS _____

TELEPHONE _____ SCHOOL _____ GRADE _____

EMAIL _____ SHIRT SIZE _____ PANT SIZE _____

PERMISSION FOR PARTICIPATION

I hereby certify that I am parent/guardian of and grant permission for the above named child to participate in the athletic program of Boiling Springs Youth Athletic Association, Inc. I understand that this association promotes good sportsmanship and participation over the importance of winning. I also give permission for this child to be transported to and from any team sponsored practice, game or event. I have full knowledge of the element of competition and the potential for injuries associated with the sport. I release any and all rights and claims against any parties for any damages or injuries which may arise.

ELIGIBILITY

Any player that is currently on a Junior High football roster will be ineligible to play in the BSYAA football program.

EMERGENCY TREATMENT

Should a medical emergency arise in the absence of this child's parent or guardian, I consent to any and all medical and surgical treatments including anesthesia and operations which may be deemed advisable by the attending physician. I also agree that if the child is admitted to the hospital, he or she is to remain in the hospital until the attending physician recommends discharge.

STATEMENT OF MEMBERSHIP

I understand that I am a member of the Boiling Springs Youth Athletic Association, Inc. and the membership fee will be collected with the registration fee. My spouse, if named below, is also included in this membership. Membership in BSYAA enables my child to participate in the athletic program and allows me to participate in the general membership meetings and elections of the Association. I also understand that all memberships will expire on November 30 and must be renewed once during each fiscal year.

FUNDRAISING

I understand that fundraising is a vital part of the success of this association and that I am responsible for selling the fundraiser items issued to me. BSYAA may elect to offer me an opportunity to opt out for a pre-determined fee and fundraising items will not be issued to me.

**I HAVE READ, UNDERSTAND, AND AGREE TO THE STATEMENTS ABOVE.
ALL OF THE INFORMATION GIVEN ABOVE IS CORRECT.**

NAME OF PARENT _____ SPOUSE _____

Signature of Parent/Guardian _____ Date _____ BSYAA Representative _____

TO BE COMPLETED BY BSYAA REPRESENTATIVE

Birth Certificate _____ League Age _____ Division _____
Registration Fee _____
Fundraiser _____
Membership _____
CASH _____ CHECK # _____ VERIFIED BY _____

— NO REFUNDS —

TOTAL \$ _____