Hillsborough Youth Athletic Association

P.O. Box 577; Hillsborough, NC 27278 (919) 732–4454
www.hyaabaseball.org

Player Application (Baseball and Softball)

1. Applicant Information

Player Name: | Home Phone: | Birth Date:

Address: | City: | State: | Postal Code:

School Name: | Grade:

Gender: | Race: | Height (T-Ball only):

Name of Sibling (only if in the same league):

Player Uniform Information (Circle for each)

Shirt Size: YXS YS YM YL AS AM AL AXL

Pant/Short Size: YXS YS YM YL YXL AS AM AL AXL AXXL

Division	Min Age	Max Age	Birth Date From	Birth Date To
☐ Softball	7	8	1/1/03	12/31/04
☐ Softball	9	10	1/1/01	12/31/02
☐ Softball	11	12	1/1/99	12/31/00
☐ Softball	13	15	1/1/96	12/31/98

Age Ranges could change due to program enrollment. All baseball divisions are co-ed.

Division	Min Age	Max Age	Birth Date From	Birth Date To
☐ T-Ball	4	5	5/1/06	4/30/08
☐ MP 30	6	6	5/1/05	4/30/06
☐ Rookie	7	8	5/1/03	4/30/05
☐ Exchange	9	10	5/1/01	4/30/03
☐ Schley	11	12	5/1/99	4/30/01
☐ Juniors	13	15	5/1/96	4/30/99

2. Parent / Guardian Information

Parent / Guardian 1 Name: | Home Phone: | Mobile Phone: | Work Phone:

Address (If different from player): | City: | State: | Postal Code:

eMail Address: | Relationship to Player:

Willing to Volunteer? Check all that apply. (*Note An additional application and background check is required for Coach Candidates*)

☐ Team Manager ☐ Team Parent ☐ Concessions ☐ Work Day Volunteer ☐ Where Needed
☐ Team Assistant Coach ☐ Fundraising Coordinator ☐ Score Keeper ☐ Field Prep/Maintenance ☐ I am unable to Volunteer

Parent / Guardian 2 Name: | Home Phone: | Mobile Phone: | Work Phone:

Address (If different from player): | City: | State: | Postal Code:

eMail Address: | Relationship to Player:

Willing to Volunteer? Check all that apply. (*Note An additional application and background check is required for Coach Candidates*)

☐ Team Manager ☐ Team Parent ☐ Concessions ☐ Work Day Volunteer ☐ Where Needed
☐ Team Assistant Coach ☐ Fundraising Coordinator ☐ Score Keeper ☐ Field Prep/Maintenance ☐ I am unable to Volunteer

3. Medical and Emergency Information

Emergency Contact Name (other than parent): | Relationship to Player: | Mobile Phone: | Home Phone:

Medical Comments or Disclosure:

4. Contributions

Would you like to purchase a Team T-Shirt? (will match player shirt)
Note: Coaches assigned to an official roster spot are provided a shirt & hat.

All Shirts $15. Shirt Size: (Indicate the quantity for each size)

AS	AM	AL	AXL	AXXL	Total

Would you like to purchase a Team Hat or Visor? ($15 each)

Hats ____ Visors ____ Total ____

Would you like to sponsor a Player to HYAA?

HYAA provides assistance for players in need. Your contribution will help HYAA absorb these costs, and continue to better our community.

☐ Full Family ($160)
☐ Full ($85) ☐ Partial ($20)
☐ Partial ($40) ☐ Other $_____

5. Authorization, Disclaimer, Assumption of Risk and Waiver, and Consent Agreements

I warrant and acknowledge that I am the parent or legal guardian of the player named on this application, a minor ("Player"), and on behalf of myself, Player and our heirs, assigns and next of kin, I hereby enter into the following agreements in consideration of Player's being able to participate in any way at practices, games or other activities ("EVENTS") sanctioned by the HILLSBOROUGH YOUTH ATHLETIC ASSOCIATION ("HYAA"). I herby RELEASE, DISCHARGE, WAIVE, ABSOLVE AND AGREE TO HOLD HARMLESS to the fullest extend permitted by law, HYAA, its organizers, directors, members, sponsors, volunteers, officials and other representatives and any and all owners, lessors, lessees or other persons or entities allowing, permitting or authorizing the use of facilities by HYAA ("RELEASEES") from any and all claims, demands, costs, expenses and compensation arising out of or in any way related to an injury or other damage that may result to said participant, members of my family or household or individuals I invite or for whom I am otherwise responsible while participating in or present at any of the EVENTS whether arising from the negligence of the RELEASEES or otherwise.

I further acknowledge and accept that this Disclaimer, Assumption of Risk and Waiver is intended to be as broad and inclusive as permitted by the laws of the state in which we live an agree that if any portion of this Disclaimer, Assumption of Risk and Waiver is deemed to be invalid, the remainder will continue in full legal force and effect.

I, the undersigned parent or legal guardian of the above named player authorize HYAA, its volunteers, and / or other officials as well as the above identified Emergency Contact to consent to medical or dental examination and / or treatment.

Parent / Guardian Printed Name:

Parent / Guardian Signature: | Date:

Player Fee: _____
T-Shirt Total: _____
Sponsorship: _____
Donation: _____
Total: _____
☐ Check ☐ Cash
Rcvd By: | Date: