

Newnan Youth Athletic Association (NYAA) 2020 Fall Baseball

Player Registration Form

Player Last Name <small>(required)</small>	Player First Name <small>(required)</small>	Date of Birth <small>(required)</small>
Primary Guardian Last Name <small>(required)</small>	Primary Guardian First Name <small>(required)</small>	Email Address <small>(required)</small>
Secondary Guardian Last Name	Secondary Guardian First Name	Email Address
Street Address <small>(required)</small>	City <small>(required)</small>	Zip <small>(required)</small>
Primary Telephone <small>(required)</small>	Cell Phone <small>(required)</small>	Secondary Cell Phone

I, the parent / guardian of the above named child, who is registering to play baseball in the Newnan Youth Athletic Association, Inc. league, hereby give permission to participate in any and all activities sponsored by the league. I also grant permission for the league to publish league related player photographs and other images in league printed materials and on the league website. I, on behalf of my child, and myself acknowledge that I am aware that baseball is a hazardous activity and that my child is voluntarily participating in baseball with full knowledge of the danger involved. I hereby agree to accept all risk of injury or death from this activity. I do further hereby waive, release, indemnify and agree to hold harmless Newnan Youth Athletic Association, Inc. organizers, sponsors, supervisors, participants, umpires, coaches and volunteers for any claim arising out of injury or death to my child. I, hereby grant permission to the adult manager, coach and/or business manager of the team to obtain medical care from any licensed physician, hospital or medical facility for player named above when neither parent nor guardian(s) can be contacted. This authorization shall apply to all league activities, including but not limited to transportation to and from any preseason, in season or postseason function.

Parent / Guardian Signature	Date
Parent interested in: <input type="radio"/> Head Coach <input type="radio"/> Assistant Coach <input type="radio"/> Dugout Mom <input type="radio"/> Sponsor <input type="radio"/> Yes, I would like to donate to the NYAA General Fund used towards league equipment and field upgrades <input type="radio"/> Bronze - \$5 <input type="radio"/> Silver - \$15 <input type="radio"/> Gold - \$30 <input type="radio"/> Platinum - \$100 <input type="radio"/> Other _____	

Check programs you are registering for:

T-Ball - \$70 6U - \$90 8U - \$90 10U - \$90 12U - \$90 4U - \$90

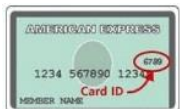
PLEASE NOTE

***NO REFUNDS
WILL BE GIVEN
ONCE THE PLAYER
EVALUATIONS
(TRYOUTS) HAVE
TAKEN PLACE**

Please indicate uniform size: check jersey, pant and hat size

JERSEY SIZE (circle one size)	PANTS – player provides pants in Fall	HAT SIZE (circle one size)
Youth XS Adult SM	NA NA	Youth: 6 3/8" to 7"
Youth SM Adult MD	NA NA	Adult: 6 7/8" to 7 1/2"
Youth MD Adult LG	NA NA	
Youth LG Adult XL	NA NA	
	Adult XXL	NA

NYAA INTERNAL USE ONLY



American Express 4 digits on front of card



Visa and MasterCard last 3 digits on back of card

Credit Card Number: _____
 Expiration Date: _____
 ← Security Code: _____
 Billing Address same as above?
 Different Billing Address: _____
 Cash (Amount): _____
 Check (Amount and Check Number): _____

Player Frozen?
 Team: _____ / Coach: _____
 Birth Certificate Confirmed?
 NYAA Board Member: _____