

# Mt. Markham Area Youth Association 2011 REGISTRATION

Registration Fee: \$20 for the first child and \$15 for each additional child.  
(\$25 after August 8<sup>th</sup>)

Make checks payable to MMAYA

This Section is to be filled out by Association Members only.

- Paid       - Not Paid

## Child's Information

Name (last name first): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age/Grade Entering: \_\_\_\_\_ Gender: M F

Home Phone #: \_\_\_\_\_ Other Phone#: \_\_\_\_\_

e-mail: \_\_\_\_\_

## Child's Shirt Size (*check one*):

- Youth Sm (5-6)     - Youth Med (7-8)     - Youth Lg (10-12)

- Adult Sm     - Adult Med     - Adult Lg     - Adult XL

**The Youth Association Programs depend on volunteer help to be successful. We sincerely appreciate the time you donate to insure that all children have an opportunity to play. If you would like to help, please check one of the boxes below.**

I am willing to Coach. (Please indicate shirt size: \_\_\_\_\_)

I know someone willing to Coach. (Please give name: \_\_\_\_\_)

I am willing to be an assistant coach.

## PARTICIPANT RELEASE OF LIABILITY

I, the undersigned, am the legal parent or guardian of the above-named child. I grant permission for him/her to participate in all activities of the Mt Markham Area Youth Associations Soccer program. I hereby release the MMAYA, and all of its officers, coaches, volunteers and the village of West Winfield, Mt Markham Schools district, and all other towns where games may be played, from any liability incurred by my child while engaged in any activity of the MMAYA or its member teams. I understand that participating in this athletic program is potentially dangerous and that physical injury may occur to my child as a result of his/her actions or the actions of other participants. I also release the MMAYA, village of West Winfield, coaches, and volunteer drivers from any liability for any injury incurred by my child while traveling to and from the playing fields in order to participate in the MMAYA baseball Program. I hereby give permission for any and all emergency medical attention necessary for my child in the event of an accident, injury, or sickness, etc., under the direction of the coach or assistant coach of the team until such time as I may be contacted. This release is effective until revoked by me. I also assume responsibility for payment of such treatment.

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

Please print your name: \_\_\_\_\_

**Continued on reverse side**

If your child needs medical, dental, health, or hospital services, you as parent must give permission. It's the law.

What about times when you cannot be reached for permission? A child may be treated without parental consent when a physician determines a true emergency exists. That means the doctor determines the child needs immediate medical care and that an attempt to obtain parental consent would result in a delay, which would increase the risk to the child's life or health.

Except in a true emergency, care may be ordinarily rendered to a child only with the consent of the parent or legal guardian. Sometimes a child may need unexpected care which is not, however a true emergency. In such cases, making an effort to contact a parent for permission can delay treatment and create unnecessary anxious moments for the child.

You can prepare for the unexpected care your children might need when you are away from home. To do this, make sure babysitters know how to reach you at all times. And when you know you will be hard to reach, you can

give permission to other adults. They can then act for you by permitting your child to be treated if unexpected care is needed.

This is a legal document. With it you may appoint relatives, friends, teachers, clergy, neighbors – anyone who is over 18 years of age to be responsible for your children when you are away from them. It is especially important to prepare this form for the occasions when you know it will be hard to contact you.

Fill out this form carefully. Have your signature witnessed by an adult different from the person you are making responsible for your children.

**KEEP THIS FORM UNTIL NEEDED**

After you complete this form, give it to the adult(s) you have named to act on your behalf. If your child needs unexpected medical treatment, the responsible adult(s) should present this document to the appropriate person – physician, dentist or hospital representative.

# authorization for medical treatment of minors

NAMES OF MINORS	BIRTHDATES	IDENTIFY ALLERGIES OR SPECIAL CONDITIONS

I/We, being parent(s) or legal guardian(s) of the above named minor(s), do hereby appoint:

NAME	ADDRESS	PHONE
NAME <b>COACH</b>	ADDRESS <b>MMAYA</b>	PHONE

To act on my/our behalf in authorizing unexpected medical, dental, surgical care and hospitalization for the above named minor(s) during the period of my/our absence, from:

MONTH August	DAY 01st	YEAR 2011	through	MONTH October	DAY 30th	YEAR 2011
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This document shall be presented to a physician, dentist or appropriate hospital representative at such time as unexpected medical, dental, surgical care or hospitalization may be required.

<b>PARENT/GUARDIAN</b>		<b>PARENT/GUARDIAN</b>	
SIGNATURE		SIGNATURE	
ADDRESS	DATE	ADDRESS	DATE
<b>WITNESS</b>		<b>WITNESS</b>	
SIGNATURE		SIGNATURE	
ADDRESS	DATE	ADDRESS	DATE

**HOSPITALIZATION COVERAGE FOR THE ABOVE NAMED MINOR(S)**

INSURANCE COMPANY OR GOVERNMENT PROGRAM	I.D. OR CONTRACT NUMBER
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**FAMILY PHYSICIANS:**

NAME AND PHONE NUMBER	NAME AND PHONE NUMBER
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