

# ON-LINE CYAA APPLICATION & PLAYER AUTHORIZATION FORM



**Instructions:** Please print clearly. When completed, make one (1) copy and bring to the sign up location.

SPORT (please check one only)  Soccer  Basketball  Flag Football ON-LINE FEES: \$85.00 (refunds subject to \$25.00 processing fee) God First. Sports Second™

Player's Last Name			First Name			Nick Name		Uniform Size S - XYS YS YM YL AS AM AL AXL P - XYS YS YM YL AS AM AL AXL		
Home Telephone ( )		Street Address				City		State		Zip
Emergency Contact			Emergency Telephone ( )		Physician Name			Physician Telephone ( )		
<input type="checkbox"/> Boy	Birthdate / /		Age	School Name				Grade Level		
<input type="checkbox"/> Girl										
Medical Insurance Carrier			Medical ID Number / Policy No.		Name(s) of siblings on the same team?			Seasons Played	Height	Weight
Church Attending										
Father / Guardian First Name (Relationship)				Last Name				Cell Phone ( )		
Business/Employer			Business Telephone ( )		Ext.		e-mail address			
Participation by Father: <b>Select one:</b> <input checked="" type="checkbox"/> Coach <input type="checkbox"/> Asst. Coach										
Mother / Guardian First Name (Relationship)				Last Name				Cell Phone ( )		
Business/Employer			Business Telephone ( )		Ext.		e-mail address			
Participation by Mother: <b>Select one:</b> <input type="checkbox"/> Coach <input checked="" type="checkbox"/> Asst. Coach										
Does this child have any disabilities, handicaps, present injuries or limitations, allergies, hemophilia, heart condition, history of respiratory illness or any other significant medical condition? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please state problems here.										
Please consider the following when forming teams ( I understand CYAA can not accommodate all requests when attempting to balance teams )										
How did you here about CYAA?: <input type="checkbox"/> Ontario Christian Schools <input type="checkbox"/> Church <input type="checkbox"/> Friend <input type="checkbox"/> Sign up location <input type="checkbox"/> Online / www.cyaa.org <input type="checkbox"/> Other:										

**EMERGENCY AUTHORIZATION:** I, the undersigned parent or legal guardian of the above player, a minor, hereby authorize the coaches, team parents, the above-identified Emergency Contact and/or other CYAA officials to act as my agents in the capacity of activity supervisors and vehicle drivers, and to consent to medical surgical or dental examination and/or treatment.

**DISCLAIMER, ASSUMPTION OF RISK AND WAIVER:** I, the undersigned parent or legal guardian of the above player, a minor for myself and on behalf of the above player, our heirs, assigns and next of kin, acknowledge that participation in youth sports necessarily involves travel, play in adverse field conditions, contact with considerable force, and risk of severe, permanent physical injury including bruises, scrapes, strained, sprained or torn muscles, tendons or ligaments, broken bones, dislocation of joints, concussion, brain damage, nerve and spinal cord injury, paralysis and death. For myself, and on behalf of the above player, our heirs, assigns and next of kin, we willingly and voluntarily accept and assume all such risk.

For myself and on behalf of the above player, I further acknowledge that the Christian Youth Athletic Association ("CYAA") is primarily administered by volunteers rather than paid professionals. For myself and on behalf of the above player, he/she and I willingly and voluntarily agree to comply with the stated and customary terms and conditions for participation and, if he/she or I observe any unusual significant concern in his/her readiness for participation and/or in the program itself, I will remove him/her from participation and bring such concern to the attention of the nearest official immediately and also of the regional commissioner as soon as possible thereafter.

In consideration of accepting the registration and permitting the voluntary participation of the above-named participant in its programs, for myself and on behalf of the above player, our heirs, assigns and next of kin, I hereby release, discharge and agree to hold harmless CYAA, its employees, volunteers, officials, sponsors and other representatives from any and all claims, demands, costs, expenses and compensation arising out of or in any way related to any physical injury or other damage that may result to said participant while participating in any CYAA sponsored event, including any physical or other injury caused by the negligence of any such person while performing his/her duties at any time.

**ACKNOWLEDGEMENT AND CONSENT:** I acknowledge CYAA provides no Accident Insurance for players and agree to provide our own medical insurance as listed above. For both internal and external use, I acknowledge that CYAA may compile and use addresses and youth sports photographs of the named individual. I consent to such uses and hereby waive all rights to compensation.

**I HAVE READ THE ABOVE EMERGENCY AUTHORIZATION, DISCLAIMER, ASSUMPTION OF RISK AND WAIVER, AND ACKNOWLEDGMENT AND CONSENT AGREEMENTS, FULLY UNDERSTAND THE TERMS OF EACH, UNDERSTAND THAT I AND THE ABOVE PLAYER HAVE GIVEN UP SUBSTANTIAL RIGHTS BY MY SIGNING THIS FORM AND AGREEING TO THESE TERMS, AND I SIGN THIS FORM AND AGREE TO THESE TERMS FREELY AND VOLUNTARILY AND WITHOUT INDUCEMENTS FOR MYSELF AND ON BEHALF OF THE ABOVE PLAYER. I HAVE READ THE REVERSE SIDE STATEMENT OF VALUES AND I AGREE TO ABIDE TO THESE VALUES AS A CODE OF CONDUCT THROUGHOUT THE SEASON.**

Player Signature: **X** \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Parent Signature: **X** \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_