

Linthicum-Ferndale Youth Athletic Association, Inc.

(A Non-Profit Organization)

P.O. Box 37 * Linthicum Heights, Maryland * 21090

Player's Contract & Waiver

==OFFICE USE ONLY== ==OFFICE USE ONLY==

Received by: _____	Contract #: _____	Registration Amt: _____
Date: _____		Concession Deposit: _____
Year/Season: _____	Cash _____	Fundraiser Fee: _____
Age/League: _____	or Check # _____	Late Fee: _____
I would like to register to play:		Other Fee: _____
<input type="checkbox"/> Baseball <input type="checkbox"/> Soccer		
<input type="checkbox"/> Softball <input type="checkbox"/> Basketball		Amount Paid: _____

I would like to register to: _____ Play in the intramural program
(Check one or both as appropriate) Tryout for Travel/Select/County Team, if one exists.

Player's Name: _____ School: _____
Date of Birth: _____ Street Address: _____
City/State/Zip: _____ Gender: M F
Home Phone #: (____) _____ - _____ Work Phone #: (____) _____ - _____
E-mail Address: _____ Years Exp.: _____

Does your child have any health condition of which his/her coach should be aware?
Yes No
If yes, give a brief description (e.g., asthma) _____

I promise to carefully observe and abide by the rules, regulations, and policies of Linthicum Ferndale Youth Athletic Association, Inc. (LFYAA).
I recognize that participation in this activity may involve certain hazards. I understand that I should not participate unless medically able. I assume the risks associated with involvement in this activity, including but not limited to falls, contact with other participants, and effects of weather and playing field conditions. These risks are known and appreciated by me and by my parent or legal guardian.
I, and my parent or legal guardians, whose name is signed below, hereby give permission for me to participate in the LFYAA programs. We hereby waive any and all claims against LFYAA, its officers, employees, and agents, including all volunteers, from any and all claims resulting from injuries sustained during any LFYAA activity.
We understand that we will be expected to participate in various fund-raiser activities. A concession stand fee may be collected. If so, it will be refunded when concession stand duty has been performed. If I do not work a concession stand shift, this fee will be forfeited.
Note: No refunds will be issued to any player after he/she has been drafted on a team, except under unusual circumstances (e.g., serious injury, relocation, etc.)

Player's Signature

Signature of Parent (or Legal Guardian)
Note: Signature is Required.
Occupation: _____

Date: _____

I would be interested in Coaching or Helping with a Team this year ? Yes No
If Yes, please complete a County Background Check form if not done so within the last 3 years.