

LONGWOOD YOUTH SPORTS ASSOCIATION

NAME _____
 Date of Birth _____ Age _____
 Grade _____ School _____
 Throws: L R M F

 Address _____
 Town _____
 Zip _____ Phone# _____
 Brother or Sister in League _____
SPORT: BOWLING
 Year/Season _____
 Experience? Y / N _____
 If yes, years played _____
 Sanctioned? Y / N _____

Parent/Guardian Information
 Parent (Guardian): _____
 Address _____
 Town _____ Phone# _____
 Emergency Phone # _____
 E-mail: _____
 Coach Committee Work

LEAGUE USE ONLY	
Team	_____
League	LYSA Bowling
Fee Paid \$	_____ <input type="checkbox"/> Cash <input type="checkbox"/> Check
Registration Date	_____

LONGWOOD YOUTH SPORTS ASSOCIATION

Sport **BOWLING** Year _____
 Player's Name _____
 Address _____
 Town _____
 Zip _____ Phone# _____

 Date of Birth _____ Age _____

LEAGUE USE ONLY	
Team	_____
League	LYSA Bowling
Fee Paid \$	_____ <input type="checkbox"/> Cash <input type="checkbox"/> Check
Registration Date	_____

Registration and Insurance Fees are NON-REFUNDABLE
_____ Parent/Guardian Signature

I/We, the parent/guardian of the above named child hereby give our consent for participation in the above activity and do claim that he/she is in excellent condition to participate in said activity.

Furthermore, I/We, the parent/guardian of the above named candidate for a position on a league team hereby give my approval to his/her participation in all league activities during the current season. I/We assume all risks and hazards incidental to such participation including transportation to and from the activities; and I/We do hereby waive, release, absolve, indemnify and agree to hold harmless the Longwood Youth Sports Association, Inc., the organizers, sponsors, Supervisors, participants and persons transporting my/our son/daughter to or from activities, for any claim arising out of an injury to my/our son/daughter, except to the extent and in the amount covered by accident or liability insurance.

I/We, agree to return within 7 days or sooner, after notification, the uniform and other equipment issued to my/our son/daughter in as good condition as when received except normal wear and tear or pay equivalent cost.

Parent (Guardian) Name [print]: _____

Parent (Guardian) Signature: _____ Date: _____

LONGWOOD YOUTH SPORTS ASSOCIATION	
Received from _____	Date _____
_____ Dollars for Registraion of _____	
in BOWLING .	Player's Name _____
_____ Signature (Secretary/Treasurer/Commissioner)	