

HOLMDEL YOUTH ACTIVITIES ASSOCIATION

MAIL TO: POB 49 – Holmdel, NJ 07733

2012 Indoor BASEBALL/SOFTBALL Clinic Registration Form

Indoor BASEBALL/SOFTBALL Clinic is an eight session clinic program.

The Sunday dates are: January 8,15,22,29 February 5,12,19,26

Today's Date _____

Youth's Name _____

Address _____ Phone _____

Birthdate _____

Grade (2011-2012) _____ **Age** _____

Parent's E-Mail Address _____

Circle One: **Boys** **Girls**

1. I am personally satisfied as to my youth's fitness to participate in this activity. HYAA strongly recommends that you seek professional medical advice if there is any doubt about your child's fitness to participate in this activity

2. In emergency situations you should contact:

Father _____ Mother _____

Phone(cell) _____ Phone(cell) _____

By attaching my signature hereto, I certify that the above information is true and correct to the best of my knowledge. I further certify that I have been furnished with, read, understand, and agree, on behalf of my entire family, to comply with the HYAA Model Code of Conduct.

Parent or Guardian's Signature _____

WINTER BASEBALL/SOFTBALL CLINIC REGISTRATION FEE \$20.00

**MAKE ALL CHECKS PAYABLE TO HYAA
(HYAA IS NOT AN AFFILIATE OF Holmdel BOE)**