HOLMDEL YOUTH ACTIVITIES ASSOCIATION
MAIL TO: POB 49 – Holmdel, NJ 07733

Fall 2010 Pre-K Registration Form

Boys & Girls 4 year of age as of September 1, 2010 and 5 and not entering Kindergarten.
This is a six week clinic session program starting Saturday September 25, 2010.
Players will be broken up into small groups.
The Pre-K Clinic will be held at Cross Farms Field from 11:30am – 12:30pm on 9/25, 10/2, 10/9, 10/16, 10/23 & 10/30.

Youth's Name _____ Today's Date_____
Last First

Address_____Phone_____ Birthdate _____

Grade (2009-2010) _____ Age _____(**4 year of age as of September 1, 2010 and 5 and not entering Kindergarten**

Parent's E-Mail Address_____

Circle One: Boys Soccer Girls Soccer

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

Pre-K Registration Fee **$40.00**

Registration Amount **$_____**

Make all checks payable to HYAA

Log on to HYAA.ORG to see what's going on in HYAA
HYAA is not an affiliate of The Holmdel Board of Education