

Reg. Check No. _____ Bank _____
Print Signers Name _____
Player's School _____

PARKVILLE YOUTH ORGANIZATION INC.
(A Not-For-Profit Corporation)

Playing Year _____
Registration Date / /

****** REGISTRATION FEES ARE NON-REFUNDABLE **** FOR P.Y.O. USE ONLY**

NAME LAST FIRST M.I.
ADDRESS
BORO/CITY STATE ZIP CODE

Brother(s) or Sister(s) Registered This Year
Yes No

REGISTRATION AMT. PAID		Members Initials
# CHANCE BOOKS ISSUED		
FINAL PAYMENT AMT.		
MEMBER (CHECK BOX)		

Division PW, JM
MI, MA,
AA, AAA
PRO
SL+Age

Email Address

BIRTH DATE / / TELEPHONE: () - ()

WEIGHT (FOOTBALL ONLY) SEASON AGE

I/WE, THE PARENTS/GUARDIAN OF _____ (CHILDS FIRST NAME) HEREBY GIVE MY/OUR APPROVAL TO HIS/HER PARTICIPATION IN ANY AND ALL ACTIVITIES RELATING TO THE **(Circle One) BASEBALL SOFTBALL FOOTBALL SOCCER BASKETBALL** PROGRAM.
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 PARKVILLE YOUTH ORGANIZATION, INC, SPONSORS, SUPERVISORS, PARTICIPANTS AND PERSONS TRANSPORTING MY/OUR CHILD TO OR FROM RELATED ACTIVITIES, FOR ANY AND ALL CLAIMS ARISING OUT OF AN INJURY TO MY/OUR CHILD WHETHER THE RESULT OF NEGLIGENCE OR FOR ANY OTHER REASON OR CAUSE, EXCEPT TO THE EXTENT AND IN THE AMOUNT COVERED BY ACCIDENT OR LIABILITY INSURANCE. I/WE AGREE TO RETURN ALL EQUIPMENT ISSUED TO MY/OUR CHILD IN AS GOOD CONDITION AS WHEN RECEIVED EXCEPT FOR NORMAL WEAR AND TEAR. I/WE AGREE TO FURNISH UPON REQUEST A BIRTH CERTIFICATE OF MY/OUR CHILD.
****CHILDREN WHO ARE NOT 5 YEARS OF AGE BY APRIL 30th WILL NOT BE INSURED BY PARKVILLE YOUTH ORGANIZATION INC.****

Sizes Shirt
Pants/Shorts

*****IMPORTANT*****
IN ORDER TO PROTECT YOUR CHILD, ALL INJURIES, ILLNESSES AND/OR PHYSICAL ABNORMALITIES MUST BE DOCUMENTED BY YOUR PHYSICIAN AND ATTACHED TO THIS REGISTRATION.
*****IMPORTANT*****
(IF NONE STATE NONE)
TYPE: _____

I would like my Son/Daughter to play with:

As part of the Parkville Youth Organization Sports Program, there will occasionally be video, audio, photographic, written and statistical representations made for the record. I understand that these are the property of PYO and the use of these materials are at the sole discretion of PYO without remuneration to any Manager, Coach or Player.

I/WE AGREE TO PARTICIPATE IN ONE OR MORE CATEGORIES LISTED BELOW. (FAILURE TO FULFILL YOUR COMMITMENT TO THE SELECTED ACTIVITY WILL CAUSE AUTOMATIC SUSPENSION OF YOUR CHILD FROM THE PROGRAM)

UMPIRE FIELD MAINTENANCE CONCESSION REFEREE

IN LIEU OF PARTICIPATION A \$50.00 DONATION FOR YOUR CHILD WILL BE ACCEPTED: YES PYO Name _____

I/WE WOULD ALSO LIKE TO ASSIST IN THE AREA(S) CHECKED BELOW. **THIS IS NOT AN ALTERNATIVE TO THE REQUIREMENT CHECKED ABOVE**
MANAGER COACH BENCH MOTHER (PEE/WEE ONLY)

HAS YOUR CHILD EVER PARTICIPATED IN **THIS SPORT** BEFORE IN ANY ORGANIZATION (INCLUDING PARKVILLE) NO YES
IF YES - ORGANIZATION NAME _____
IS YOUR CHILD ENROLLED OR GOING TO ENROLL IN **THIS SPORT** WITH ANY OTHER ORGANIZATION THIS SEASON. NO YES
IF YES - ORGANIZATION NAME _____

PARENT'S/GUARDIAN'S SIGNATURE _____ DATE _____

Tear Here Received From _____ \$ _____ Date _____