

PARKVILLE YOUTH ORGANIZATION

Check No. _____ Bank _____

Playing Year _____

Name on Check _____

(A Not-For-Profit Corporation)

Registration Date ____/____/____

Player's Current School _____

REGISTRATION FEE IS NON-REFUNDABLE**Player information. PLEASE PRINT CLEARLY**

Last Name

First Name

Address

City State Zip

Phone Date of Birth

E-Mail

PARKVILLE USE ONLY

	Member Initials	Accounting
Registration Amount Paid <input type="text"/>	<input type="text"/>	<input type="text"/>
Chance Books Issued <input type="text"/>	<input type="text"/>	<input type="text"/>
Final Payment Amount <input type="text"/>	<input type="text"/>	<input type="text"/>
Member (Check Box) <input type="checkbox"/>	R/C Verification <input type="text"/>	<input type="text"/>

Please be sure to include your E-Mail address so we can keep you updated on news, program information and special events at Parkville

Season Age

I/We, the Parent/Guardian of _____ hereby give my/our approval to his/her participation in any and all activities relating to the following program: **(Circle One)**

BASEBALL SOFTBALL FOOTBALL SOCCER BASKETBALL

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., its 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.

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.

***** IMPORTANT *****

In order to protect your child, all injuries, illnesses and physical considerations or restrictions must be noted here. At the discretion of PYO, some conditions may require you to furnish written approval from your child's physician before your child can participate in any sports program. Please note any such condition here. If none, leave blank or state "NONE"

I would like my son/daughter to play on the same team as

PARENT / GUARDIAN SIGNATURE _____

DATE _____

RECEIPT ... TEAR HERE

Parkville Youth Organization
5908 20th Avenue - Brooklyn, NY 11204
718-232-1086 (Field 718-836-3847)

Visit our website **WWW.PYOSPORTS.COM**

Received From _____ \$ _____ Date _____

PYO Representative _____