

KEDRON YOUTH ASSOCIATION MEMBERSHIP FORM * 2009 - 2010

KYA
 P.O. Box 148
 Holmes, PA 19043
Cheerleading@Kedron.org

Family Name _____ Father _____ Mother _____ Email Address(s) _____

Address _____ City _____ Zip _____ MISC _____

Telephone -Home _____ (work) _____ Other-cell _____ Emergency Contact _____

Player Information - (please print)
 Child's First Name _____ DOB _____ (M or F) _____ AGE- _____
 Child's First Name _____ DOB _____ (M or F) _____ AGE- _____
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 Child's First Name _____ DOB _____ (M or F) _____ AGE- _____

Yearly/Family Membership - \$50.00 Date / CK# -or- Cash / Amount	WINTER			SPRING			FALL			MISC Notes, Suggestions, Requests -or- Info
	Basketball \$40.00	Bowling \$20.00 + \$4.00 per week	Baseball \$40.00	Softball \$40.00	Cheerleading \$50.00	Soccer \$40.00	Travel \$60.00			
Child's First Name										
Child's First Name										
Child's First Name										
Child's First Name										

Please mark this box if this is an Address Change from last year.
 If there are **Additional Addresses** that you wish to receive a newsletter, place addresses on the back of this form.

Interested in coaching or helping out? Dad _____ Mom _____ Sibling _____ Other _____ Coach _____ Help Out _____
 If so, in what capacity? **Please explain on the back of this form. Thank you.**

Action photos of my child **may not** be taken during the KYA season and posted on the KYA website.

Parental Authorization and Medical Release: I, the parent or guardian of the above named child / children, hereby gives approval for participation in any and all league activities sponsored by the Kedron Youth Association. I hereby grant permission to managing personnel or other league representatives to authorize and obtain medical care from a licensed physician, hospital, or clinic should the player(s) become ill or injured while participating in league activities when neither parent nor guardian is available to grant authorization for medical treatment. I assume all risks and hazards incidental to participation, including transportation to and from activities, for all claims arising out of an injury to the player(s). I will furnish a birth certificate for the player upon request of the league officials and return any equipment issued to the player in as good of condition as when received except for normal wear and tear.

Father / Mother / Guardian _____ **Date** _____
 (Circle One) _____ Signature _____