

Dyker Heights Athletic Association
c/o St. Bernadette Rectory
8201-13th Avenue
Brooklyn, N.Y. 11228
Registration Form



Please complete front and back

This application is for:

Players Name:

Last: _____ First: _____ Mid: _____

Sex: _____

Address:

Street: _____ City: _____ State: _____

Zip: _____

Born: ____ -- ____ -- Tel # (____) ____ - ____ Alt Tel # (____) ____ - ____

School: _____ School Address _____

Grade: _____

Players email address: _____

Parents/Guardians e-mail address: _____

Parent(s) or Guardian(s) Information:

Father/Guardian: _____ Cell Number: _____
(not required if 18 or older)

Mother/Guardian: _____ Cell Number: _____
(not required if 18 or older)

***If interested in Managing\Coaching\Umpiring, circle the appropriate option(s) & complete the information below**

Name: _____

Tel# (____) ____ - ____

Your child will be required to furnish his/her own transportation to and from games and practices. There must be a guardian or adult present at each game or practice that is responsible for your child.

Circle Sport:

Baseball Softball Basketball Flag Football Indoor Soccer

Paid: _____ Cash /Check No. _____

Balance due: _____

Dear Parent/Guardian:

This will confirm that your child has applied for admission to Dyker Heights Athletic Association (referred to herein as "the Association"). In consideration of our child being permitted to participate in the Association's athletic activities, we agree that the Association, its Board Members, coaches, athletic directors, and any volunteers assisting the Association shall not be liable for the death, personal injury, or property loss or damage sustained by our child whether or not caused in whole or in part by the negligence of the Association, its Board Members, coaches, athletic directors, and any volunteers assisting the Association. We further agree to hold the Association, its Board Members, coaches, athletic directors, and any volunteers assisting the Association, harmless from any and all liability for injuries, damages, medical expenses, property loss, or any other loss to our child or our family (including attorneys' fees) arising from or related to our child's participation in Association's activities. We understand that our child will be exposed to risks inherent to athletic activities, and we assume those risks. We understand that those risks include, but are not limited to serious personal injury or death. Notwithstanding those risks, and notwithstanding the possibility that our child could sustain serious personal injury or death due to the negligence of the Association, its Board Members, coaches, athletic directors, and any volunteers assisting the Association, we nonetheless want our child to participate in the Association's athletic activities, and we are placing our initials in the space at the end of this paragraph to signify that we have read it in full, we understand it, and we agree with it.

INITIALS

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My child has been examined by a doctor within the past month. He/she has been found physically fit to compete in athletics. I will not hold the Association or any other league which the Association may choose to enter, or the managers /coaches, responsible for any injuries resulting from accidents, or loss of valuables or equipment, while playing or traveling to and from a game or practice.

I WILL IN NO WAY INTERFERE WITH THE COACHES, MANAGERS, AND LEAGUE OFFICIALS IN THE PERFORMANCE OF THE ASSOCIATION'S DUTIES. THE BOARD OF DIRECTORS OF THE DHAA RESERVES THE RIGHT TO REVIEW, ACCEPT OR REJECT REGISTRANTS AT ANY TIME, AND TO PLACE YOUR CHILD ON ANY TEAM (INTERMURAL OR INTRAMURAL) AS BENEFITS HIS/HER ABILITY.

IF YOU REGISTER FOR ANY SPORT, YOU MUST PLAY THAT SPORT EXCLUSIVELY WITH THE ASSOCIATION. IF YOU LEAVE THE ASSOCIATION WITHOUT A RELEASE TO JOIN ANOTHER ORGANIZATION, YOU ARE SUBJECT TO GO BEFORE A REVIEW BOARD BEFORE REREGISTRATION.

YOUR CHILD MUST PARTICIPATE IN ALL REQUIRED SPECIAL EVENTS SPONSORED BY THE ASSOCIATION, SUCH AS PARADES, SPECIAL FUND RAISERS, ETC

Complete the following if under 18 years of age.

I, _____
(print full name of mother/guardian)

(print full name of father/guardian), do hereby grant my child permission to play with the Association subject to the terms and conditions listed above.

Date Signature of parent/guardian or player if player is 18 or over

Email Address of Signatory