

PO Box 665 Hawthorne, Fl 32640

Registration Form

Player Name:	Male/Female		
Address:			
Mailing Address:			
City:	State:	Zip Code:	
School:	Grade:	DOB:	
Parent/Guardian Name:			
Phone Number:	Alt number:		
Email:			
Emergency Contact:	Phone:		
Please Check One:			
T-Ball \$50.00 (4-6 yrs old)	Rookies \$75.00 (7-8 yrs old)		
Minors \$75.00 (9-10 yrs old)	Majors \$75.00 (11-12 yrs old)		
Senior \$75.00 (13-15 yrs old)	Girls	Softball \$75.00	
		8 yrs. and under	
		10 yrs. and under	
		over 10yrs.	



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Volunteer Opportunitie	s:	
I am interested in	coaching a team.	
I am interested in	assisting a team.	
I am interested in	volunteering on a team.	
I am interested in	sponsoring a team.	
The best phone number to	o reach me at is:	
I understand that the City personal insurance if need Sports, Inc., or its staff, E the very nature of sports a	of Hawthorne does not carry ac ded. I agree not to hold the City Board of Directors or sponsors re	e Youth Sports, Inc. (HYS) programs. cident insurance and I agree to use my of Hawthorne, Hawthorne Youth sponsible for injuries or accidents. By risk of physical injury. The risk of
teams according to enroll	ment. I further understand that is	hange, limit or cancel programs or f a program is cancelled, a full refund understand that I will forfeit all
contact Patricia Cantley (pation in a HYS program, please nail us at hys.youthsports@gmail.com ou at the field.
_	Sports, Inc. permission to photogod websites associated with HY	graph/video and publish media of my S.
Parent Signature:		
Date received:	Cash/Check:	Amount paid: