



H.Y.S.

Hawthorne Youth Sports

PO Box 665 Hawthorne, FL 32640



Soccer Registration Form

Player Name: _____

Address: _____

Phone number: _____ E-mail: _____

School: _____ Grade: _____

DOB: _____

Parent/Guardian Name: _____

Phone Number: _____ Alt Number: _____

Emergency Contact: _____ Phone: _____

Please Check One: \$75.00

6U- _____

11U- _____

8U- _____

14U- _____

You will need to turn in a medical release form with your registration form

*****DISCLAIMER*****

Alachua Co. Public School System does not support or endorse Hawthorne Youth Sports



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Volunteer Opportunities:

- _____ 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 reach me at is _____.

I give me child permission to participate in the Hawthorne Youth Sports, Inc. (HYS) programs. I understand that the City of Hawthorne does not carry accident insurance and I agree to use my personal insurance if needed. I agree not to hold the City of Hawthorne, Hawthorne Youth Sports, Inc., or its staff Board of Directors or sponsors responsible for injuries or accidents. By the very nature of sports and athletic activities, there is a risk of physical injury. The risk of physical injury can be minimized, but never eliminated.

Hawthorne Youth Sports, Inc. reserves the right to add, change, limit or cancel programs or teams according to enrollment. I further understand that if a program is cancelled, a full refund will be given. If I discontinue participation in a program I understand that I will forfeit all registration monies.

I give Hawthorne Youth Sports, Inc. permission to photograph/video and publish media of my child in any publication and websites associated with HYS.

If you have any questions regarding registration or participation in a HYS program, please contact Patricia Cantley (352) 256-2416. You can also email us at hys.youthsports@gmail.com Thank you for participation. We look forward to seeing you at the field.

Parent Signature: _____

Date received: _____ Cash/Check: _____ Amount Paid: _____

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