



NESYB
Registration Form

PLAYER Name: _____ Current Grade: _____

Gender ____ Street Address _____

Age/Grade Division (ex: 10u is 10 and under) _____

City/State/Zip _____ Date of Birth _____

Home Phone _____ Cell: _____ Work: _____

Medical
Conditions _____

PARENT/GUARDIAN
Name _____

Mailing Address (if different from above) _____

Home Phone _____ Cell _____ Work _____

Email Address _____

EMERGENCY CONTACT (different from above):

Name _____ Relationship _____

Phone _____

Sessions:

Fall/Winter _____ Spring/Summer _____

Multiple sibling credit [\$25.00] \$ _____ Sibling name(s) _____

Amount Paid \$ _____

Uniform Information:

Do You Have A Complete Uniform? ___Y ___N

If Yes Jersey Number _____

If No Select Size Shorts _____ Jersey_____

Sizes Available: Sm Med L XL XXL

Make checks/money orders to: NESYB. Remaining installments may be mailed to: **NESYB, PO Box 7751, Madison WI 53707-7751**

RELEASE OF LIABILITY, PHOTO RELEASE.

1. Release of Liability. I, for myself, my minor child and for the child's other parent and/or guardian, hereby release, waive, discharge, and covenant not to sue NESYB, and its officers, directors, employees, agents, volunteers, heirs and assigns of and from all liability, loss, claims, demands, possible causes of action, court costs, attorneys' fees and other expenses arising from any lawsuit that may damage or injury to my child's person or property in any way resulting from or connected with my child's attendance with NESYB, including, without limitation, the failure of anyone to enforce rules and regulations, failure to make inspections, or the negligence of other persons.

2. Photo Release. Consent for name/picture use: I give my permission to have my child's name, photo and/or video used for publicity purposes (brochures/website/news publications).

I agree to the NESYB Liability and Photo Release

Please sign below:

_____ Date _____
Parent Or Legal Guardian