



SYAA Consent and Release Form

www.sharonpto.com/athletics/

Please check the sport your student athlete will participate in:

Football _____	Volleyball _____	Baseball _____	Softball _____
Cheerleading _____	Basketball _____	T-Ball _____	Flag Football _____

Students Name: _____ Age: _____ Date of Birth: _____ Grade: _____

Parent(s) or Guardian's Name: _____

Address: _____ City: _____ State: _____ Phone: _____

Medical History:

Is there any known history of the following conditions?

	YES	NO
Birth Deformities (one eye, one kidney, ect)?		
No past illness of more than 1 week's duration?		
Medical conditions currently under a Doctor's care?		
Fractures or other disabling injuries?		
Mental disorders or convulsions?		
Any permanent deformity or disability?		

I can volunteer to:

Work the gate _____

Concessions _____

Both _____

Coach _____

Coach Assist _____

Please explain any of the above questions you answered "Yes" to:

I the undersigned parent or guardian of the above named participant in the youth activity sponsored by the SYAA, hereby gives my consent to his/her practicing, playing and otherwise participating in said related activity.

Initial: _____

I affirm that to the best of my knowledge the above named child is physically capable of participating in the sport or activity named above.

Initial: _____

I further understand that the responsibility for identifying medical needs of the above named child is mine and not that of SYAA, its coaches, officials or representatives.

Initial: _____

Furthermore, in consideration of the training in athletics and sportsmanship being provided to put the child in connection with such practicing, playing and participation in the athletic program, including travel involved and recognizing that by participating in such activities, there is inherent risk and chance of injury, the undersigned parent or guardian responsible for his/her care hereby releases the coaches, officials, the SYAA and its staff and any other person constituting a part of any team or program in any capacity whatsoever from any liability because of injury or loss as a result of or incident to my child's involvement.

Initial: _____

Signature of Parent or Guardian: _____

Note: there will be a \$35 service charge for all returned checks. Registration fees Must be paid by first practice or student will not be eligible to participate! This is an Insurance requirement. Fees are NON-REFUNDABLE AFTER FIRST SCHEDULED PRACTICE DATE
 Forms may be downloaded and printed at www.sharonpto.com/athletics/