



Lower East Side Sports Academy

Healthy
Safe
Smart



2014

Player name

Address

Address 2

City/State/Zip

Home phone ()

Email

To Receive Texts

Birthdate

Gender

League Age/Fee
Age Amount

My child will tryout for: **Baseball**
 Softball

Parent #1

Parent #2

Name	<input type="text"/>	Name	<input type="text"/>
Phone	(<input type="text"/>) <input type="text"/>	Phone	(<input type="text"/>) <input type="text"/>
Email	<input type="text"/>	Email	<input type="text"/>
Occupation	<input type="text"/>	Occupation	<input type="text"/>
Volunteer?	<input type="checkbox"/> If checked, fill out "Volunteer Application"	Volunteer?	<input type="checkbox"/> If checked, fill out "Volunteer Application"

Medical Information

League Use Only

Emergency contact	<input type="text"/>	Phone	<input type="text"/>
Relationship to player	<input type="text"/>	Policy	<input type="text"/>
Insurance carrier	<input type="text"/>		

Birth Certificate	Proof of Residency
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Medical Release Form	Waiver needed?
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Level Assigned	Team Name
<input type="text"/>	<input type="text"/>

I certify that I am the legal guardian of the child named in this application. I give permission for the child to participate in all Lower East Side Sports Academy (LESSA) activities. I understand my child must abide by all the rules and regulations set forth by LESSA and its affiliates. I fully understand that participation in sports carries inherent risks, and I assume all liability. I waive my right, and will not hold liable, LESSA officers, staff, volunteers, sponsors, and all others affiliated with LESSA, from any claims regarding injury to my child/dependent, whether resulting from negligence or any other reason. I acknowledge that LESSA retains the right to expel my child/dependent from the program if they behave in a manner that is disruptive or is dangerous to themselves, other participants or staff. Permission is given for me or my child to be photographed, videotaped or otherwise recorded during activities, and for any such photographs to be displayed by LESSA in any medium (newsletters, web sites, etc.), whether now or hereafter known or developed.

PARENT/GUARDIAN SIGNATURE _____ DATE _____