

# H.Y.A.A. REGISTRATION FORM

PO Box 1424, Hillsboro, NH 03244

[www.hyaanh.org](http://www.hyaanh.org)

**Registration forms must be received on or before:- January 28<sup>th</sup>**

## **2<sup>nd</sup>, 3<sup>rd</sup> and 4<sup>th</sup> Grade Cheerleading Clinic**

Fees:

**\$15.00**

**NO REFUNDS AFTER REGISTRATION**

**\*\* The clinic will be on Saturday afternoon from 1:00 – 2:30pm on Jan. 28<sup>th</sup>, Feb. 4<sup>th</sup> and Feb. 11<sup>th</sup>.**

**Last Name:** \_\_\_\_\_  
please print

**First Name:** \_\_\_\_\_  
please print

**Street Address:** \_\_\_\_\_  
(please print)  
\_\_\_\_\_

**Date of Birth:** \_\_\_/\_\_\_/\_\_\_ **Sex:** M F

**Grade** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**Parent Name(s):** \_\_\_\_\_  
please print

**Home Phone:** \_\_\_\_\_

**Cell Phone Numbers:** \_\_\_\_\_

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### **PARENTAL SUPPORT:**

Please check the areas in which you can help.  
Parental participation is essential.

**Coach:** \_\_\_\_\_ **Assist. Coach:** \_\_\_\_\_

**HYAA board Member:** \_\_\_\_\_

**Please list any medical conditions or medications taken:** \_\_\_\_\_

\_\_\_\_\_  
Please note that any child with a medical condition may require a doctor's note received before the first practice allowing participation.

**Any coach or assistant will be required to submit to a New Hampshire Criminal Background Check.**

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**I give my child \_\_\_\_\_ permission to play sports with the Hillsboro Youth Athletic Association. I understand that neither the Town of Hillsboro, the HYAA, nor persons representing or associated with the league will be held responsible for any injury as a result of my child's participation. I authorize the coaches to act for me according to their best judgment in any emergency requiring medical attention for which services I will pay.**

**Signature of Parent/Guardian:** \_\_\_\_\_

**Date:** \_\_\_\_\_

(Not a school district sponsored activity)