



KEDRON YOUTH ASSOCIATION MEMBERSHIP FORM - 2009



P.O. Box 148
Holmes, PA 19043
Membership@Kedron.org

Family Name _____ Father _____ Mother _____ Email Address - Please Go To Our Website & Your Email Address
Address _____ Town _____ Zip _____ MISC(*other email*) _____
Telephone - Home _____ (work) _____ Other-cell _____ Emergency Contact _____

Player Information - Child's First Name _____ DOB _____ (M or F) _____ AGE- _____ Shirt Size- _____
(*please print legibly*) Child's First Name _____ DOB _____ (M or F) _____ AGE- _____ Shirt Size- _____
Child's First Name _____ DOB _____ (M or F) _____ AGE- _____ Shirt Size- _____
Child's First Name _____ DOB _____ (M or F) _____ AGE- _____ Shirt Size- _____

Yearly/Family Membership - \$50.00 NOW DUE if your family has not participated in Bowling or Basketball Date - CK# & Amount - <i>or</i> - Cash & Amount	<i>WINTER</i>		<i>SPRING</i>			<i>FALL</i>	<i>Travel</i>	<i>The Travel fee is for those children 11 years and older playing Baseball, Softball, and Soccer. This fee is paid in lieu of the standard Sport Fee. 9-10 year old boys picked for the Ridley Twp. Baseball Travel Team will be required to pay the \$20.00 difference after being chosen. MISC- Notes, Suggestions, Requests or Info below</i>
	Basketball \$50.00	Bowling \$20.00 + Weekly Lane Fee	Baseball \$50.00 <i>Non Travel</i>	Softball \$50.00 <i>Non Travel</i>	After Game Snack <i>Per Child \$15.00 Non-Travel ONLY</i>	Soccer \$50.00 <i>Non Travel</i>	\$70.00 <i>Baseball Softball Soccer</i>	
Child's First Name								
Child's First Name								
Child's First Name								
Child's First Name								

PLEASE COMPLETELY FILL OUT THIS FORM

Interested in coaching or helping out? Dad _____ Mom _____ Sibling _____ Other _____ - Coaching _____ Help Out _____

Action photos of my child may not be taken during the KYA season and posted on the KYA website.

Parental Authorization and Medical Release: I, the parent or guardian of the above named child / children, hereby gives approval for participation in any and all league activities sponsored by the Kedron Youth Association. I hereby grant permission to managing personnel or other league representatives to authorize and obtain medical care from a licensed physician, hospital, or clinic should the player(s) become ill or injured while participating in league activities when neither parent nor guardian is available to grant authorization for medical treatment. I assume all risks and hazards incidental to participation, including transportation to and from activities, for all claims arising out of an injury to the player(s). I will furnish a birth certificate for the player upon request of the league officials and return any equipment issued to the player in as good of condition as when received except for normal wear and tear.

Father / Mother / Guardian _____ Date _____
(Circle One) Signature

\$20.00 - Per Child * Refundable Snack Stand Volunteer Fee _____
SEPARATE CHECK PLEASE CH # _____ DATE _____

So we may return your check at seasons end