



S.Y.A.G.

SACHEM YOUTH ADVISORY GROUP, INC.

PO BOX 358, HOLBROOK, NY 11741

Baseball--Softball--Boys Basketball--Girls Basketball--Lacrosse--Cheerleading--Football--Camps

1

LAST NAME _____ Age Group: _____
 FIRST NAME _____
 ADDRESS _____
 CITY, ST, ZIP _____
 PHONE _____ AGE _____ DOB _____

email _____

SCHOOL: _____ PARENT/GUARDIAN NAME: _____

I WOULD LIKE TO VOLUNTEER - Manager Coach Umpire/Referee Team Parent

2

2. Parent/Guardian-Please read and sign below:
 I agree, as parent/guardian to provide all transportation to and from all games and practices. I understand, if applicable, I must return the uniform pants and shirt at seasons end or I will be billed for their cost. I hereby authorize and approve of my child's participation in the SYAG Inc. activity. I know of no physical disability or illness which would interfere or prevent his/her participation. I do hereby waive, release, indemnify and agree to hold harmless or responsible the SYAG Inc., its sponsors, supervisors and participants, for any claim arising out of injury to my child, whether the result of negligence or for any other cause, except to the extent of SYAG's liability insurance for this activity.

Parent/Guardian Signature _____ Date _____

Children Registered _____ Birth Certificate Yes No

Total Fee _____

Amount Paid _____ Cash/Check/CC Interviewer _____

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3. PLEASE PRINT NEATLY

LAST NAME _____
 FIRST NAME _____
 ADDRESS _____
 CITY, ST, ZIP _____
 PHONE _____ AGE _____ DOB _____

PARENT/GUARDIAN NAME: _____
 SCHOOL: _____

***** FOR OFFICE USE ONLY *****

Amount Paid

Children Registered: _____

Total Fee: _____

Cash/Check/CC

E-Mail _____