



EPSOM YOUTH ATHLETIC ASSOCIATION
P.O. Box 387
Epsom, NH 03234
www.eyaasports.net

EYAA YOUTH VOLUNTEER REGISTRATION FORM

Students entering grades 7 – 12, please complete ALL information NEATLY!

REGISTERING AS VOLUNTEER FOR: SOCCER BASKETBALL BASEBALL SOFTBALL

YOUTH VOLUNTEER'S INFORMATION:

Name: _____ Birthdate (not age): _____

Address: _____ Grade in fall: _____

Home phone: _____ Cell phone: _____

Parent's name: _____ Phone: _____

E-mail(s) to contact with team information: _____

School attending (circle one): Epsom Central Pembroke Academy St John's Cornerstone Pathfinder

Alternate contact and relationship: _____ Phone: _____

Child's physician: _____ Phone: _____

COMMITMENT:

As a youth volunteer for EYAA, I commit to the following...

- Maintaining a positive attitude and role modeling good sportsmanship at all times
- Being on time and acting professionally at scheduled practices
- Discussing any concerns or questions I may have with an adult coach
- Demonstrating athletic skills and leading drills with small groups of younger athletes
- Refereeing, umpiring, or officiating during scheduled games if needed

Youth volunteer's signature: X _____ Date: _____

COMMUNITY SERVICE:

I am / am not (circle one) interested in earning community service hours for my time spent as a youth volunteer.

PARENT PERMISSION:

I, _____, give permission for _____ to volunteer with Epsom Youth Athletic Association sports programs. I will not hold volunteers, officials, and/or EYAA liable for any injuries related to team activities. I also understand that if my child is currently or becomes under a doctor's care for any reason at any time during the season, I will provide a written statement to my child's coach from my child's doctor giving permission to play and listing any restrictions for my child.

Parent/guardian's signature: X _____ Date: _____