



Player Name: _____

Player Age as of July 31, 2022 _____

Player Date of Birth: _____

Address: _____

Elementary School District: _____

If NOT Matoaca Elementary, has your child used a waiver in previous seasons?

Yes No

Any medical conditions? (Ex: allergies, asthma) If yes, please list:

Shirt Size: YS YM YL ADULT S ADULT M ADULT L ADULT XL

Parent/Guardian Name: _____

Parent/Guardian Phone: _____

Parent/Guardian Email: _____

Emergency Contact (other than parent): _____

Please note there will be NO refunds issued once your child is registered.

MYA USE ONLY:

FEE PAID: _____

WAIVER NEEDED: _____

ALL FORMS: _____



CODE OF CONDUCT:

The purpose of a code of conduct for athletes is to establish a consistent expectation for athletes' behavior. By signing this code of conduct, I agree to the following statements:

- I will respect and show courtesy to my teammates and coaches at all times.
- I will demonstrate good sportsmanship at all practices and games.
- I will set a good example of behavior and work ethic for my younger teammates.
- I will show respect for all facilities and other property (including locker rooms) used during practices, competitions, and team activities.
- I will refrain from foul language, violence, behavior deemed dishonest, offensive, or illegal.
- If I disagree with an official's call, I will talk with my coach and not approach the official directly.
- I will obey all of Matoaca Youth Athletics rules and codes of conduct. I understand that if I violate this code of conduct, I will be subject to disciplinary action determined by my coaches and the board of directors

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

PLAYER NAME/ SIGNATURE: _____ DATE: _____

RELEASE FROM LIABILITY:

I agree to assume all risks and hazards incidental to participation in a conditioning camp. I do hereby waive, release, absolve, indemnify and agree to hold harmless the Matoaca Youth Athletics, Inc., the coaches, directors, volunteers and persons for any claim arising out of an injury to my child, whether the result of negligence or any other cause.

PARENT/GUARDIAN NAME: _____

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____