

# **M.Y.O. Track Registration**

**Date:** Saturday, April 25th

**Time:** 9:00 a.m. – 11:00 a.m.

**Place:** Main Street Gym

**Grades:** K thru 6th

**Fee:** \$60.00 (\$50.00 if you have a uniform)  
[www.morichesyouth.org](http://www.morichesyouth.org)

\*check website  
for schedule

**For More Information, Call 878-1696  
or mail by May 20, 2020 to:**

**253 Frowein Rd., Center Moriches, NY 11934**

I/We, the parent(s) of the named child, hereby give our consent for the participation in the above activity and do claim that he/she is in perfect physical condition to participate in said activity.

Furthermore, I/We, the parent(s) of the named candidate for a position on a league team hereby give my/our approval to his/her participation in all league activities during the current season. I/We assume all risks and hazards incidental to such participation including transportation to and from the activities; and I/We do hereby waive, release, absolve, indemnify and agree to hold harmless the Moriches Youth Organization, associated organizations, the organizers, sponsors, supervisors, participants and person transporting my/our child to or from activities, for any claim arising out of an injury to my/our child, except to the extent and in the amount covered by accident or liability insurance.

**The Moriches Youth Organization has adopted a zero tolerance for violence. This includes physical acts of violence, threats of violence or threatening behavior. A violation committed by any participant (player, coach, referee), parent, or fan, will result in immediate expulsion from the league**

Parent(s)/Guardian Signature.

Date

## **Registration Form**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade in Sept: \_\_\_\_\_ School: \_\_\_\_\_

Shirt Size:            **ADULT: S M L**            **YOUTH: S M L**

I give my permission for my son/daughter to participate in the MYO Track Program

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Amount Paid:    Cash: \_\_\_\_\_ Check: \_\_\_\_\_