



EVAA PROGRAM REGISTRATION

P.O. Box 240392 • Apple Valley, MN 55124 • 952-985-3830

PROGRAM: _____ YEAR: _____ INHOUSE TRAVELING

NAME: (PARENT(s)/GUARDIAN(s))

ADDRESS:

CITY: _____ **ZIP:** _____ **TELEPHONE:** _____
E-MAIL: _____

I, AND/OR MY SPOUSE WILL VOLUNTEER TO HELP WITH THE FOLLOWING (PLEASE CHECK)
 COACH ASSISTANT COACH COMMITTEE VOLUNTEER AGE GROUP COORDINATOR

I(We), THE UNDERSIGNED PARENT(S)/GUARDIAN(S) OF THE BELOW NAMED PARTICIPANT, HEREBY GIVE PERMISSION FOR SAID PARTICIPANT TO PARTICIPATE IN ALL ACTIVITIES OF THE ABOVE NAMED EVAA PROGRAM. THE EVAA IS NOT RESPONSIBLE FOR ACCIDENT AND/OR INJURY TO PARTICIPANT(S) AND/OR SPECTATORS. IN ADDITION, BY SIGNING THIS REGISTRATION, I (We), AGREE TO PARTICIPATE IN ANY NEEDED ACTIVITY NOT MENTIONED ABOVE. HEREBY AUTHORIZES THE EASTVIEW ATHLETIC ASSOCIATION (EVAA) OR ITS DESIGNEE TO PREPARE TEAM ROSTERS WHICH MAY INCLUDE THE PARTICIPANT'S NAME, ADDRESS, TELEPHONE NUMBER, BIRTHDATE, AND OTHER INFORMATION, INCLUDING BUT NOT NECESSARILY LIMITED TO HEIGHT, WEIGHT, UNIFORM NUMBER, AND PARENT(S)/GUARDIAN(S) NAME MAY ALSO BE INCLUDED ON THE ROSTERS. I FURTHER AUTHORIZE AND CONSENT TO THE DISTRIBUTION OF THAT ROSTER TO THE FAMILIES OF ALL MEMBERS OF THE PARTICIPANT'S TEAM, LEAGUE DIRECTORS/COMMITTEES, TOURNAMENT DIRECTORS, AND ANY OTHER PERSONS DEEMED NECESSARY BY THE PROGRAM DIRECTOR, AGE GROUP COORDINATOR, TEAM COACH, OR OFFICERS OF THE EVAA BOARD.

SIGNATURE: _____ DATE: _____

Participant's Name

SEX (M-F)	DOB	AGE:
CURRENT GRADE:	SCHOOL:	YEARS IN PROG:
WEIGHT:	HEIGHT:	JERSEY SIZE:

Please Enter Special Instructions For Participant Above (Medical Considerations, Etc.)

Please Fill In Boxes Above As Applicable To Individual Program

Program Fee: \$ _____ x _____ = _____ Equip. Dep. : \$ _____ x _____ = _____ Late Registration Fee: _____ = _____ TOTAL COST: _____ = _____	SHADED AREA TO BE COMPLETED BY PROGRAM ADMINISTRATOR Fees Paid By: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Cash _____ MAKE CHECKS PAYABLE TO EVAA
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