

# HYSP SOCCER 2025



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

Parent/ Guardian: \_\_\_\_\_

Would you be interested in Volunteering as a coach? Y\_\_\_\_\_ N\_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Grade student will be in during 2025 season: \_\_\_\_\_ DOB: \_\_/\_\_/\_\_ Age: \_\_\_\_\_

4-5 yr old \_\_\_\_\_

6-8 yr old \_\_\_\_\_

Jersey Size: \_\_\_\_\_

9-10 yr old \_\_\_\_\_

Youth and adult sizes available Sm thru XL

11-12 yr old \_\_\_\_\_

Uniform Fee is \$45 for ages 4-5 & \$65 for 6-12 (Will be collected at parents meeting)

Players are responsible for: Black shorts, long socks, Shin Guards & rubber bottomed/ soccer cleats. Players are required to purchase Jersey through the league! A copy of the player's birth certificate and fee is required before they can be allowed to participate or play.

If you have any questions please contact Chris Helms @ (870)797-4069 or Lorena Martinez @ (870)312-8939 or Taylor Hernandez @ 870-820-3488 Forms must be turned in to Hermitage Elementary Schools Principals Office or Hermitage City Hall **NO LATER than AUG 22nd 2025!!** Thank You for your support!!!!

Hermitage School Athletic Club

HYSP Youth Sports

LIABILITY WAIVER

I \_\_\_\_\_ The parent/guardian of \_\_\_\_\_

Address being \_\_\_\_\_

DO understand that my child is NOT covered under the Hermitage School District liability/medical insurance policy. I will assume all liability for any injury to my child during his or her practices, transport by bus, coach, or persons to the games, during the games, and after the games. I hereby agree to indemnify and hold harmless the Hermitage School District, Hermitage Youth Sports Program, and coaches, both those under contract and volunteer, from any and all claims arising from my child playing for the Hermitage youth sports program.

Your signature on this LIABILITY WAIVER states that you do understand that YOU are responsible for using your own medical insurance and monies in the event that your child is injured in any form or fashion. Your signature also states that you understand that football, Baseball, Softball, Soccer, Basketball, and cheerleading are contact sports, and are allowing your child to participate At Their Own Risk of injury.

Parent/ guardian signature: \_\_\_\_\_

Date Signed: \_\_\_\_/\_\_\_\_/\_\_\_\_

PLEASE NOTE: Every child must have this waiver signed before being allowed to participate in any practices or games. NO EXCEPTIONS.