

Hermitage
Youth
Sports
T-Ball



Jr. T-Ball
3&4 Yr olds
&
T-Ball
5&6 Yr olds

Player Name: _____ Homeroom: _____

Parent/ Guardian: _____

Home Phone: _____ Cell phone: _____

Emergency Contact: _____

D.O.B: _____ Grade student is currently in: _____

Age of player as of January 1st, 2025: _____

Jr. T-Ball: (3&4) _____ \$55 Jersey size: _____ YXS-AXL
Jersey# _____ / _____ Two choices if available

T-Ball: (5&6) _____ \$55 Jersey size: _____ YXS-AXL
Jersey# _____ / _____ Two choices if available

Players are required to purchase Jersey through the league! Players will be responsible for helmets, pants, socks, and rubber bottom shoes. A copy of the player's birth certificate is required before they can be allowed to participate or play.

All games will be played during the week, and will require local travel. Please make prior arrangements for your child's transportation to and from each game. If you have any questions, please contact Chris Helms @ (870) 797-4069, Lorena Martinez @ (870) 312-8939, or Taylor Hernandez @ 870-820-3488. **Forms must be turned in at the Hermitage Elementary Office or City Hall NO LATER than February 25, 2026!! NO EXCEPTIONS** 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: This waiver must be signed before being allowed to participate in any youth sports practices or games. NO EXCEPTIONS.

