



Senior High School ACTIVITIES REGISTRATION

Basketball: _____ Baseball: _____

Organization: _____

Child's Name: _____

Address: _____ Telephone: _____

City: _____ Zip: _____ Cell Phone: _____

Parent E-Mail: _____ Player E-Mail: _____

I, the parent or guardian of the above-named child, hereby register him or her for participation in the SEYO activities program and do fully agree to the rules and regulations of the South East Youth Organization and do hereby release SEYO, its officers, members and the managers and coaches from any liability as agreed in the application and registration for SEYO membership.

Mother's Name (printed)

Signature of Parent or Guardian

Father's Name (printed)

Date

Activities Registration Fee: _____ per child

SEYO Membership Fee (for families new to SEYO): \$5.00 per family. SEYO membership is required of all participants. The \$5.00 fee is a lifetime membership fee.

CHECKS SHOULD BE MADE PAYABLE TO _____, THE ORGANIZATION FOR WHICH THE CHILD OR CHILDREN WILL BE PLAYING. DO NOT MAKE CHECKS PAYABLE TO SEYO.

I, _____, release the South East Youth Organization from all responsibilities for injuries of any nature incurred while participating in any SEYO activity(s) program. I understand that medical insurance is my own responsibility.

Signature of Parent or Guardian

Date

Name of High School: _____ Grade: _____

Listed on H.S. Basketball Roster? _____

What Level: Fresh / Soph / Jr Varsity / Varsity