



HOME FIELD ADVANTAGE

Registration and Waiver Form

Student's Name: _____ M / F Age: _____ Date Of Birth: _____

Address: _____ Home Phone #: (____) _____

City: _____ State: _____ Zip: _____

Emergency Contact Name: _____ Emergency Contact #: (____) _____

Mother's Name: _____ Father's Name: _____

Does the above student have any medical conditions or allergies to which we should be alerted? (check one) YES NO

If YES, please explain: _____

Family E-Mail Address (Please Print): _____ None: _____

****Email Address required**** Important for communication of school closures, injuries, and sickness.

By enrolling at Newtown Youth Academy, participant understands that while attending the programs and using Newtown Youth Academy and the facilities he/she does so at his/her own risk. Newtown Youth Academy and its owners, employees or agents, shall not be liable for any damage whatsoever arising from any personal injury or property loss sustained by participant with his/her family in or about any programs on the premises. Participants and parents assume full responsibility for all injuries and damages which occur in or about any programs on the premises. He/She does hereby fully and forever release discharged hold harmless Newtown Youth Academy, all associated facilities and its owner, employees, and agents from any and all claims, demands, damages or rights of action, present or future resulting from any person's participation in any programs or use of the facility. In addition, he/she agree(s) to follow the rules of conduct and play set by Newtown Youth Academy. Failure to do so may result in suspension from participation. Consent: I the undersigned parent or guardian/participant do hereby grant authority to the staff at Newtown Youth Academy to render a judgment concerning medical assistance or hospital care in the event of an accident or illness during my absence. I am aware I will be charged a late fee of \$10.00 every fifteen minutes exceeding 5:15pm. I do hereby authorize Newtown Youth Academy and its assigns to utilize any and all photographs, pictures, videos or other likeness of me or anyone assigned guardianship to me, as they deem appropriate in its promotional materials or team films.

Signature of Parent/Guardian Date

NYA Sports & Fitness Center
4 Primrose Street, Newtown, CT 06470
426 - 0088 or go to www.newtownyouthacademy.org



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Program Calendar

Please circle the sessions your child will be attending on the calendar to the right.

Session I: 2:30-4
Session II: 3:30-5

Examples:

Sept 1)	<u>2:30</u> 3:30
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Attending One Session

Sept 1)	2:30 <u>3:30</u>
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Attending Two Sessions

Interested in Tutoring (Included)
Check if Yes

Monday	Tuesday	Wednesday	Thursday
31) /	Sept 1) 2:30 3:30	2) 2:30 3:30	3) 2:30 3:30
7) /	8) 2:30 3:30	9) 2:30 3:30	10) 2:30 3:30
14) 2:30 3:30	15) 2:30 3:30	16) 2:30 3:30	17) 2:30 3:30
21) 2:30 3:30	22) 2:30 3:30	23) 2:30 3:30	24) 2:30 3:30
28) /	29) 2:30 3:30	30) 2:30 3:30	Oct 1) 2:30 3:30
5) 2:30 3:30	6) 2:30 3:30	7) 2:30 3:30	8) 2:30 3:30
12) 2:30 3:30	13) 2:30 3:30	14) 2:30 3:30	15) 2:30 3:30
19) 2:30 3:30	20) 2:30 3:30	21) 2:30 3:30	22) 2:30 3:30
26) 2:30 3:30	27) 2:30 3:30	28) 2:30 3:30	29) 2:30 3:30
Nov 2) 2:30 3:30	3) /	4) /	5) 2:30 3:30
9) 2:30 3:30	10) 2:30 3:30	11) 2:30 3:30	12) /
16) 2:30 3:30	17) /	18) /	19) /
23) 2:30 3:30	24) 2:30 3:30	25) /	26) /
30) 2:30 3:30	Dec 1) 2:30 3:30	2) 2:30 3:30	3) 2:30 3:30
7) 2:30 3:30	8) 2:30 3:30	9) 2:30 3:30	10) 2:30 3:30
14) 2:30 3:30	15) 2:30 3:30	16) 2:30 3:30	17) 2:30 3:30

Tuition Calculation

1) # Days Attending 1 Session _____ x \$15: _____

2) # Days Attending 2 Sessions: _____ x \$25: + _____

SubTotal: _____

One Administration Fee Per Family: + \$29 _____

Total Due: _____

Method of payment: Cash Check Visa / MC / Discover

Credit Card Information: Name on Card _____ Number _____

Security Code () Expiration Date _____

For Staff Use: Deposit Date _____ Balance _____ Date _____

Please make checks payable to NYA. Thank You.