

FEES:

HOLMDEL YOUTH ACTIVITIES ASSOCIATION

Location: 4 Crawfords Corner Rd Mail: PO Box 49 Holmdel, NJ 07733

Phone: (732) 945-8016

www.HYAA.Org

2016 Pre-K Fall Soccer Registration Form (Pre-K ONLY)

Youth's Name: (Last)	(FIRST)	Today's Date:
Address:	Phone:	Birthdate:
Current Age: (must	be age 4 or 5 on 1 st day of program) Gender (cire	cle one): Male / Female
Primary E-Mail	Alternate E-Mai	1
	d as to my youth's fitness to participate in this act	
circumstances. Howev honor every request.	te, encourage or guarantee players requests. We er, with a program that serves over a thousand charge that for the particular concern other than carp strators at the time of registration.	nildren, it is not practical or logistically possible to
3. In emergency situations	s you should contact:	
Father Name:	Cell #:	Phone(H/W#):
Mother Name:	Cell #:	Phone(H/W#):
	ereto, I certify that the above information is true en furnished with, read, understand, and agree, induct.	

Make all checks payable to HYAA or register on-line by credit card NOTE: All participants will be assigned to teams on a first come first serve basis Log on to HYAA.org to see what's going on in HYAA and to register **HYAA is not an affiliate of The Holmdel Board of Education**

\$75.00

Soccer Registration Fee: Must be received by August 19, 2016: