

MULTIPLE ASSOCIATION PARTICIPATION AGREEMENT POLICY

Player Name:			-	
Player Address:			-	
Player DOB			_	
Parent/Guardian Name: _			-	_
Current Association:			_	_
Current Team:			-	
Association President:			-	
Secondary Association:			-	-
Secondary Team:			_	
Association President:			-	
practices in the event of 2. All financial obligation 3. Agreement is not consider	If or the current season are any scheduling conflicts. It is must be paid in full to "thered a Player Financial R	Current Association".	nd all "Current A	- Association" games and
Parent/Guardian Signature:			Date:	
Current Association Preside	nt Signature:		Date:	
Secondary Association Pres	dent Signature:		Date:	

NYSAHA - Central Section



