J. PLAYER/ASSOCIATION COMMITMENT FORM (NYSAHA-01)

The Player/Parent or Guardian, coach and Association must complete this form once tryouts and/or evaluations are completed in accordance with NYSAHA Guide Book Rule 2, Section 8 of the Guide Book.

| PART 1 – To be completed by re | equesting Player/Parent or Guar | dian. | | |
|---|---|--|--------------------------------|--|
| Players Name: | | Date of Birth: | | |
| Home Address: | | | | |
| Email: | | Phone: | | |
| I/we agree that the above-nam | ed player will be registered and | participate | | |
| on the | | | team | |
| of the | | | Association | |
| for the | season. | \ \ | | |
| Signature of Player or Pa <mark>ren</mark> t/Guardian (if <mark>under 18 years</mark> of age) | | A STATE OF THE STA | Date/Time | |
| registered and participate on m | y season. | reby agree that the above | e-named player will be team | |
| (Coach's Signature) | | (Date) | | |
| PART 3 – To be completed by the On behalf of, and at the direction | ne Association President. on of the Board of Directors of tl | he | _ Association, | |
| l, | | | _ President, do hereby | |
| agree that the above-named pla | ayer will be registered and parti | cipate on our team | | |
| for the | season. | | | |
| (President's Signature) | | (Date) | | |