

PEFYA Prince Edward Farmville Youth Association

Application for PEFYA BASKETBALL

Questions? Contact League Registrar 434-392-5844 or info@pefya.com

Mail this form, payment, and copy of Birth Certificate to:

PEFYA P.O. Box 91 Farmville, VA 23901

Please Print:

Player's Full Name (as it appears on Birth Certificate): _____

Nickname: _____ Male Female

Current Age: _____ Yrs _____ Mos. Birthday (MM/DD/YY): _____

Parents or Guardians: _____

Relationship to Player: _____ Home Phone: _____ Work Phone: _____

Address: _____

City: _____ Zip Code: _____ Email: _____

Physician: _____ Physician Phone: _____

T-Shirt Selection:

Youth Medium

Adult Small

Adult Large

Youth Large

Adult Medium

Adult Extra Large

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Check Age Group That Applies: (ELIGIBILITY BASED ON AGE AS OF DECEMBER 31ST)

_____ 8 years old to 10 years old _____ 11 years old to 12 years old

_____ 13 years old to 15 years old
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FEES: \$55.00 per each child (includes team jersey)

\$10.00 late fee per child (check www.pefya.com or local paper for due dates)

Parent/Guardian Participation: (PEFYA is an all volunteer organization, please help us keep it running)

I/We are willing to participate and assist with the following PEFYA activities:

_____ Coach _____ Act as a Team Parent _____ Fundraise

Consent/Waiver Agreement:

I/We consent to my child participating in the PEFYA and if I am not present hereby give my permission for the coach or representative of the Association to obtain any required medical attention my child may need. I/We will notify the coach of any physical limitations (allergies, hearing, sight, etc) or other additional information they need to know about my/our child. I/We understand that PEFYA conducts fund raising activities in addition to the registration fee and that each player is strongly encouraged and expected to participate. I/We understand that each parent may be asked (by their team parent) to work the concession stand during the season.

Parent/Guardian Signature: _____ Date: _____

OFFICE USE: Cash _____ Check # _____ Amount Paid: _____