



# NORDONIA HILLS ATHLETIC ASSOCIATION

P.O. Box 111  
Northfield, OH 44067  
330-410-2310 • playnhaa@aol.com

League: \_\_\_\_\_

Current Age: \_\_\_\_\_

Player's Name: \_\_\_\_\_  
(First Name) (Last Name) Current Grade: \_\_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: M F (circle one)

Address: \_\_\_\_\_  
(Street)

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Alt. Phone No.: ( \_\_\_\_\_ ) \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_  
(First Name) (Last Name) (First Name) (Last Name)

Name of Last Year's Team: \_\_\_\_\_ New Player to NHAA?: \_\_\_\_\_

Positions played in the past: \_\_\_\_\_

Sibling playing in same league?: \_\_\_\_\_ Name and age: \_\_\_\_\_

Does player have any medical conditions the coach should be aware of (ie. asthma, allergies, twisted ankle, etc.): \_\_\_\_\_

Personal Comments: \_\_\_\_\_

Parents Email Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_  
(If neither parent can be reached)

Parent/Guardian Consent: I hereby release the Nordonia Hills Athletic Association and all persons involved from any and all liabilities in conjunction with league activities.

X \_\_\_\_\_  
(Parent/Guardian Signature)

**Please check if you are willing to assist with any of the following:**

Manager \_\_\_\_\_ Coach \_\_\_\_\_ Umpire \_\_\_\_\_ Fields \_\_\_\_\_ Sponsorship \_\_\_\_\_

Fund Raising \_\_\_\_\_ Scorekeeping \_\_\_\_\_ All Star Weekend \_\_\_\_\_ Other \_\_\_\_\_

PAID: \$ \_\_\_\_\_ CK#: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

**All registration fees are non-refundable.**