

Hokey A.A. Football & Cheering Registration Form

(PLEASE PRINT LEGIBLY)

TODAY'S DATE: ____ / ____ / ____

CHILD INFORMATION

CHILD'S NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ AGE: _____ DATE OF BIRTH: _____

GRADE ENTERING FALL 2009: _____ SCHOOL: _____

EMAIL ADDRESS(ES): _____

MOTHER'S FIRST & LAST NAME: _____

FATHER'S FIRST & LAST NAME: _____

ALTERNATE PHONE #'S (work, cell) : _____

PARENT THE CHILD LIVES WITH (check one): Both Mother Father Other _____

INSURANCE INFORMATION

HEALTH INSURANCE CARRIER: _____

POLICY HOLDER: _____

GROUP NUMBER: _____ POLICY NUMBER: _____

EMERGENCY INFORMATION

In an emergency, when parents cannot be reached, please contact:

Name & Relationship: _____ Phone Number: _____

Name & Relationship: _____ Phone Number: _____

EMERGENCY INFORMATION

Does your child have any current medical conditions that the organization and coaching staff should be aware of?

YES NO

Type of condition: _____

Family Doctor's Name: _____ Phone Number: _____

***** If there are any special instructions (such as child carries an inhaler) please explain below:

PLEASE PRINT - PARENT/GUARDIAN: _____

PARENT/GUARDIAN SIGNATURE: _____

CHILD'S NAME: (please print) _____

SPORT: FOOTBALL CHEERING

DIVISION: (for football players only) Flags 80's 95's 105's 125's

Certification of Child's Fitness and Medical Authorization:

I, the undersigned, hereby certify that to the best of my knowledge, my child is physically fit and able to safely participate in the sports activity for which he or she has been registered.

In addition, I understand that in the case of the illness or injury of my child Hokey AA will try to notify me or the emergency contact listed on this form. In the event of a medical emergency concerning my child at a time when either I or the emergency contact person cannot be notified, I hereby authorize Hokey AA officials or my child's coach to obtain the necessary medical care and/or treatment for my child, including but not limited to first aid, X-ray examinations, and aesthetic, medical or surgical diagnosis or treatment or hospital care and I hereby accept the sole financial responsibility for such medical care, first aid or treatment.

Parent/Guardian Initials: _____

Assumption of Risk:

I acknowledge and understand that there is a risk of injury involved in athletic participation. I understand that my child will be under the supervision and direction of a Hokey AA volunteer youth coach. I agree to follow the rules for the sport and the instructions of the coach in order to reduce the risk of injury to my child and other athletes. However, I acknowledge and understand that neither the volunteer youth coach nor Hokey AA can eliminate the risk of injury in sports. Injuries may and do occur. I freely, knowingly, and willfully accept and assume the risk of injury that might occur from my child's participation in youth athletics.

Release:

In consideration of Hokey AA allowing my child to participate in youth athletics, I hereby agree to release, waive, discharge, covenant not to sue, hold harmless, and indemnify, on behalf of myself and any other parent or guardian of my child, Hokey AA and their respective volunteer youth coaches, officials, agents, directors, members, officers and other staff members from liability to us and our child, as well as our personal representatives, assigns, heirs and next of kin, for any and all claims, suits or causes of action arising from or out of any injury, known or unknown, to property or body, that my child may suffer from participation in Hokey AA athletics, activities, or the above-described sports activities.

Parent/Guardian Initials: _____

I have read and fully understand the above important information. I am aware I am releasing Hokey A.A., coaches, and any other person associated with the organization and/or scheduled sport of any and all claims.

PLEASE PRINT - PARENT/GUARDIAN: _____

PLEASE PRINT - CHILD'S NAME: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

Hokey A.A. Football & Cheering Uniform Release Form

As the parent of _____ I fully understand that the uniform given to my child is a loaned uniform and must be turned in at the end of the season or upon quitting the program.

PLEASE PRINT

I fully understand that if the uniform is damaged from anything other than normal wear and tear or the uniform is not returned at the end of the season, I will not receive my uniform deposit given at registration, and may be billed for the remainder of the cost of the uniform.

Please follow the cleaning instructions carefully.

I agree that I/We are fully responsible to turn the listed equipment in at the end of the season. I also understand it is not my child's coaches responsibility to come and collect the equipment and/or make special arrangements for delivery. I will turn the equipment in at the arranged time and date for turn-ins.

PLEASE PRINT - PARENT/GUARDIAN: _____

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

EMAIL: _____ **PHONE NUMBER:** _____

PLEASE DO NOT FILL OUT BELOW THIS LINE

FOOTBALL:

Jersey Number: Gold: _____ Black: _____

Pants: Size: _____

CHEERING:

Uniform Size: _____