

Harrowgate Athletic Association Registration Form

☒ **Football**

☐ **Cheerleading**

☐ **Basketball**

Player's Name: _____ Date of Birth: _____ Age: _____

Street Address: _____ City: _____ Zip: _____

Elementary School District (even if in middle or high school) _____

School attending now: _____ Grade _____

Pertinent medical information that the coaches should be aware of: (allergies, medication, hearing, vision, disabilities etc.) _____

Parent or guardian information:

Name: _____ Phone (H): _____

Relationship: _____ (C): _____

E-mail: _____ Can we text to your cell phone #? Y or N

Uniform Info: please circle: Jersey Size: (Youth: S M L XL) (Adult: S M L XL)

Pants Size: (Youth: S M L XL) (Adult: S M L XL)

Trophy Info: Name on Trophy to be written and spelled as: _____

NOTE: NO UNIFORM WILL BE ISSUED UNTILE ALL FEES ARE PAID

Volunteer Info: We are an all volunteer organization. Your help is appreciated! Please check if you are interested in helping with and of the following.

____ Team Parent ____ Concession ____ Bake Sales ____ Homecoming ____ Banquet

Experience: Has the child ever played this sport before? Y or N How many years? _____

Positions played: _____

I/We, the parents or legal guardian of the above named player, hereby give my/our approval for his or her participation in any and all league activities, I/We assume all risks and hazards to such participation including transportation to and from activities. I/We do hereby waive, release, absolve, indemnify and agree to hold harmless Harrowgate Athletic Association, the organizer, sponsors, supervisor, coaches, directors, participants and person transporting my/our child to and from activities from any claim arising out of injury to my/our child whether the result of negligence or for any other cause except to the extent and in the amount covered by accident if liability insurance.

W/We will participate in the Leagues fundraising projects, and agree to raise the required amount of monies when due. I/We will assume all financial responsibility for any negligent damage done to any property by child and agree to return all uniforms and other equipment in as good a condition as received, except for normal wear and tear. If property is not returned I agree to pay full price for any unreturned equipment. I/We agree to abide by HAA rules and code of conduct as well as Chesterfield County Parks and Rec. code of conduct at all times while participating in a HAA event.

Signature(s) signify my understanding of and agreement to all dues, fees and duties associated with/for HAA. There will be a \$25 charge for any returned checks.

Signature: _____

Date: _____

HAA Rep. _____

Date: _____