



HARROWGATE ATHLETIC ASSOCIATION

2015-2016 Basketball Application

Played Last Year: Yes/No

If YES, Where: _____

Name: _____ Date of Birth: _____

Street Address: _____ Age as of 12/31/2015 _____

City,State,Zip: _____ Home Phone _____

Elementary School Boundary: _____

IMPORTANT MEDICAL INFORMATION: (allergies, medications, hearing, vision, disabilities, etc.)

Father's Name: _____

Cell Phone: _____ Father Email: _____

Mother Name: _____

Cell Phone: _____ Mother Email: _____

I/We the parents of the above named candidate for a position with the Basketball Program of the Harrowgate Athletic Association hereby give my/our approval for participation in any and all basketball related activities including transportation to and from the activities. I/We know that participation in youth sports may result in serious injuries and protective equipment does not prevent all injuries to all players, and do hereby waive, release, absolve, indemnify, and agree to hold harmless the Harrowgate Athletic Association , the organizers, the sponsors,

supervisors, participants, and persons volunteering arising out of any 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 of liability insurance. I/We will provide a copy of the child's birth certificate to Harrowgate Athletic Association. I/We further acknowledge that we have read and understand and agree to comply with the attached Chesterfield County Code of Conduct.

PARENT OR GUARDIAN SIGNATURE: _____

VOLUNTEERS! We are a 100% Volunteer Organization. Your Time and Help are GREATLY Appreciated!

Head Coach____ Assistant Coach____ Team Parent____ Fundraising____

Uniforms____ Other: _____

ASSOCIATION USE ONLY

Amount Received____ Received By____ Date Rec____ CK/CH/CC____