

HILLTOP YOUTH ATHLETIC ASSOCIATION

2012 REGISTRATION

\$80 Paid In Full (One Payment) / \$100 Payment Plan (Two Payments)

Football checkbox

Cheerleader checkbox

Child's Name (First) (MI) (Last)

Address (Street) (Apt)

(City) (State) (Zip)

Birthdate / / Age on Aug. 31, 2012

School Attending in 2012-13 Grade

Has child ever participated in: Tackle Football Cheerleading If so, how long?

Football/Cheer organization last participated with: What Year?

Mother's Name Maiden Name

Father's Name

Primary Phone # Alternate Phone #

Who is the primary contact? Mother Father Email Address:

A \$50 NON-REFUNDABLE DEPOSIT IS DUE AT THE TIME OF REGISTRATION. ANY AMOUNTS PAID THAT EXCEEDS THE \$50 NON-REFUNDABLE DEPOSIT WILL BE REFUNDED, HOWEVER, THERE WILL BE NO REFUNDS GIVEN AFTER JULY 19th EXCEPT FOR MEDICAL OR WEIGHT ISSUES. ALL REFUND REQUEST MUST BE MADE IN WRITING. ALL PAID AMOUNTS WILL BE FULLY REFUNDED FOR MEDICAL REASONS WITH A PHYSICIANS STATEMENT, OR EXCEEDING WEIGHT LIMIT FOR DIVISION AND ELECTING NOT TO PLAY UP. ALL REQUESTS FOR REFUNDS SHALL BE MADE IN WRITING BY AUGUST 24th. NO REFUND WILL BE GIVEN AFTER AUGUST 24th FOR ANY REASON, NO EXCEPTIONS.

THE FOLLOWING ITEMS ARE MANDATORY AND MUST BE AGREED TO IN ORDER FOR YOUR CHILD TO PARTICIPATE.

I AGREE TO PARTICIPATE IN THE ANNUAL RAFFLE TICKET DRIVE THAT IS CONDUCTED BY HILLTOP YOUTH ATHLETIC ASSOCIATION, AND I UNDERSTAND THAT I WILL BE RESPONSIBLE TO PURCHASE ANY RAFFLE TICKETS I DO NOT SELL. MEANING I UNDERSTAND THAT ALL RAFFLES MUST BE SOLD AND I WILL SUBMIT TO THE ORGANIZATION A MINIMUM OF \$50 FOR RAFFLES AND NO RAFFLE TICKETS WILL BE GIVEN BACK TO THE ORGANIZATION DUE TO LACK OF ME OR MY CHILD SELLING THEM.

INITIAL

I AGREE TO PARTICIPATE IN ANY AND ALL MANDATORY TEAM FEES THAT MAY BE REQUIRED FOR MY CHILD TO PARTICIPATE ON A DESIGNATED TEAM (NOT TO EXCEED \$35). I UNDERSTAND THAT THIS FEE IS DIFFERENT FROM THE REGISTRATION FEE AND IS HANDLED DIRECTLY BY THE TEAMS.

INITIAL

I AGREE TO WORK AT LEAST ONE (1) GAME IN THE CONCESSION STAND ON BEHALF OF EACH CHILD THAT I HAVE PARTICIPATING IN THE ORGANIZATION, OR I WILL HAVE ANOTHER RESPONSIBLE ADULT WORK IN THE CONCESSION STAND IN MY PLACE.

INITIAL

I UNDERSTAND THAT IMAGES OF MYSELF, MY CHILD OR ANY OF MY INVITED GUEST MY APPEAR ON THE WEBSITE OR INTERNET SITE OF HILLTOP YOUTH ATHLETIC ASSOCIATION AND/OR ANY OF THE COMPETITORS THAT WE MAY FACE DURING THE SEASON, AND I UNDERSTAND THAT THERE WILL BE NO COMPENSATION FOR THE USE OF SUCH IMAGES.

INITIAL

IF I AM USING THE PAYMENT PLAN I UNDERSTAND THAT MY FINAL PAYMENT IS DUE BY JULY 12, 2012. FAILURE TO MAKE PAYMENT WILL RESULT IN MY CHILD BEING REMOVED FROM THE ROSTER AND ALL MONIES WILL BE FORFEITED.

INITIAL

PARENT SIGNATURE

DO NOT WRITE IN THIS AREA - AUTHORIZED PERSON ONLY

1st Payment By: AMOUNT RECEIPT #

2nd Payment By: AMOUNT RECEIPT #

HILLTOP YOUTH ATHLETIC ASSOCIATION

Medical Treatment and Consent

(PLEASE PRINT)

Participant's Name: _____ Date of Birth: _____

Parent / Guardian Name: _____ Relationship: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

PHONE:

Home: (____) _____ Cell: (____) _____ Work: (____) _____

EMERGENCY CONTACT (If unable to contact Parent / Guardian):

Name: _____ Phone No.: (____) _____

Insurance Provider: _____ Policy No.: _____

Physician Name: _____ Physician Phone No.: (____) _____

Dentist Name: _____ Dentist Phone No.: (____) _____

IS YOUR CHILD PRESENTLY UNDER MEDICAL CARE OR TAKING MEDICATION? YES NO

If YES, please explain and/or list medication(s): _____

DOES YOUR CHILD HAVE ANY DRUG SENSITIVITIES OR ALLERGIES? YES NO

If YES, please list: _____

PLEASE READ THE STATEMENTS BELOW AND SIGN UNDER THE ONE THAT YOU CHOOSE. SIGN ONLY ONE

1. **If my child needs medical attention, it is my wish that I am contacted before any medical procedures are performed on my child, unless immediate treatment is necessary to save my child's life or to prevent permanent injury.**

Parent / Guardian Signature: _____ Date Signed: _____

----- OR -----

2. **If my child needs medical treatment while participating, it is my wish that the treatment is started while efforts are made to contact me. I consent to any medical procedures that the physician believes are needed, with the understanding that efforts to contact me or my stated Emergency Contact will continue. In the event that my child becomes injured, and no attempts to contact me or my emergency contact are successful, my child should be transported and treated at _____**

_____ Hospital. I accept responsibility for all costs related to such transportation and treatment.

Parent / Guardian Signature: _____ Date Signed: _____

HILLTOP YOUTH ATHLETIC ASSOCIATION

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT WITH PARENTAL CONSENT

IN CONSIDERATION of being permitted to participate in any way in any event ("Activity") at any time during the current calendar year I, for myself, my personal representatives, assigns, heirs, and next of kin:

- ACKNOWLEDGE**, agree and represent that I understand the nature of the Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I further agree and warrant that if, at any time, I believe the conditions to be unsafe, I will immediately discontinue further participation in the Activity.
- FULLY UNDERSTAND** that (a) this Activity involves risks and dangers of serious bodily injury, including Permanent Disability, Paralysis, and Death ("Risks"); (b) these Risks and dangers may be caused by my own actions or inactions, the actions or inactions of others participating in the Activity, the conditions in which the Activity takes place, or the "RELEASEES" Named Below; (c) there may be OTHER RISKS or SOCIAL and ECONOMIC LOSSES either not known to me or not readily foreseeable at this time: and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my participation, or that of the minor, in the Activity.
- HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE** the sanctioning organization(s), their administrators, directors, board members, agents, officers, coaches, volunteers and employees, other participants, officials, rescue personnel, sponsors, advertisers, owners and lessees or Premises on which Activity is conducted, (each of the forgoing shall be considered one of the RELEASEES herein) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED OR ALLEGED TO BE CAUSED, IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS; AND I FURTHER AGREE that if despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I, or anyone on my behalf, makes a claim against any of the Releasees, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES from any litigation expenses, attorneys fees, loss, liability, damage, or cost which may be incurred as the result of such claim.

I ACKNOWLEDGE THAT I HAVE READ THIS AGREEMENT AND FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE, AND I INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

PRINTED NAME OF PARTICIPANT: _____

PARTICIPANT'S SIGNATURE: _____

ADDRESS: _____
(Street) (City) (State) (Zip)

PHONE: () _____ DATE: _____

Below section MUST BE COMPLETED by Parent/Guardian for any participant under the age of 18.

MINOR RELEASE

AND I, THE MINOR'S PARENT AND/OR LEGAL GUARDIAN, UNDERSTAND THE NATURE OF THE ACTIVITY AND THE MINOR'S EXPERIENCE AND CAPABILITIES AND BELIEVE THE MINOR TO BE QUALIFIED, IN GOOD HEALTH, AND IN PROPER PHYSICAL CONDITION TO PARTICIPATE IN SUCH ACTIVITY. I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS EACH OF THE RELEASEE'S FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON THE MINOR'S ACCOUNT CAUSED, OR ALLEGED TO BE CAUSED, IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS AND FURTHER AGREE THAT IF, DESPITE THIS RELEASE, I, THE MINOR, OR ANYONE ON THE MINOR'S BEHALF MAKES A CLAIM AGAINST ANY OF THE RELEASEES NAMED ABOVE, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE, OR ANY COST THAT MAY OCCUR AS A RESULT OF ANY SUCH CLAIM.

PRINTED NAME OF PARENT/GUARDIAN: _____

I HAVE READ THIS RELEASE

PARENT/GUARDIAN SIGNATURE (only if participant is under the age of 18): _____

I HAVE READ THIS RELEASE

ADDRESS: _____
(Street) (City) (State) (Zip)

PHONE: () _____ DATE: _____