Register On-Line at: https://www.sportsmanager.us/HolyNameAA.htm

HNAA Holy Name Athletic Association
SPRING 2022 Soccer Registration

Player Information

Name:_____ DOB:_____ Sex:_____
Street:_____
City:_____ State:_____ Zip:_____
School:_____ Grade:_____
Home:_____ Cell:_____
Email:_____

Medical Problems (Over):_____
Previous Team:_____ Coach_____

Family Information

Mother/Parent/Guardian Name:_____
Father/Parent/Guardian Name: _____
Emergency Contact:_____ Emergency Phone:_____
Doctor's Name:_____ Doctor's Phone:_____
Insurance Co:_____ Policy: _____Group:_____

Age Chart (Check One):

Instructional League (St. Catherine's League)

_____6 & Under born on or after 1/1/2015
_____8 & Under born on or after 1/1/2013
Each 6U & 8U player should bring a size 3 ball to practice

WE NEED COACHES – Please sign your name and provide contact information below, if you or someone you know is interested in coaching. All coaches must complete the Diocesan/Parish/League CORI Process. Holy Name will reimburse coaches for training/coaching license with advance approval.

_____ _____
NAME CONTACT INFORMATION

Send To: Luke Cournoyer
17 Oregon St
Springfield, MA 01118
lukecournoyer@gmail.com
413.426.7304 (c)

Fees (Check One):
_____6U and 8U $40 (game shirt included)

Please make checks payable to HNAA (Holy Name Athletic Association)
(No cash payments accepted)

IMPORTANT SEE REVERSE…….

Medical Problems/Concerns (Cont.):

_____

_____

_____

_____

_____

Parent/Guardian Please Read the Following Carefully and Sign Below:

The information I have provided is true. I agree that the registrant, who is a minor child, and I will abide by the rules of the HNAA, its affiliated organizations and sponsors. As a participant, or parent/guardian of a participant, in the soccer program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume full risk of any injuries, including death, damages or loss, which my child or I may sustain as a result of participating in any and all activities connected with or associated with this program. In consideration of Holy Name accepting the registrant in its soccer program, I hereby release, discharge and otherwise indemnify Holy Name Church, HNAA, their affiliated coaches, officers, directors, employees, coordinators and volunteers from all claims by or on behalf of the registrant or parents' participation in the program and or being transported to or from activities of the program, which transportation, although not part of the program, I hereby authorize. I hereby give my consent of emergency medical care prescribed by a duly licensed doctor of Medicine or Dentistry. This care may be given under whatever conditions necessary to preserve life, limb, or well being of dependent. I further agree that the participant has been examined by a physician and the participant is physically fit and able to participate. I further agree to read and comply with the bylaws, rules and behavior polices set forth by Holy Name and the league in which my child's team(s) participates.

This form also serves as parent/guardian & player permission to register your child with information as required by the league in which your registrant's team competes. This form also serves as permission to use your child's/children's photos/video footage in the Holy Name Bulletin (which may be posted online), for team celebrations, and to share team photos with HNAA teams' families. HNAA will not use your child/children's name(s) in the bulletin.

_____I give permission to Holy Name Athletic Association (HNAA) to use my child's/children's photo/video footage in the Holy Name Parish Bulletin (which may be posted on the parish website) and team celebrations, to provide team photo to members of team and be shared as outlined above.

_____ I do not want photos or video footage of my child/children to be used by HNAA.

Signature:_____

Print Name: _____

Relationship:_____

Date:_____