PROSPECT ATHLETIC RECREATION FOOTBALL SIGN-UP FORM

THIS FORM MUST BE COMPLETED AND RETURNED WITH ALL FEES PAID
CIRCLE DIVISION AND FEES THAT APPLY

FLAG FOOTBALL: 5/6 - $95 7/8 - $95 9/10 - $95

FOOTBALL CHEERLEADING: $95

BIRTH CERTIFICATES ARE NEEDED AT FIRST PRACTICE

ATHLETE'S INFORMATION

LAST NAME FIRST NAME DOB / /

CURRENT AGE BOY GIRL

PARENT'S LAST PARENT' S FIRST

HOME PHONE CELL PHONE WORK PHONE

STREET ADDRESS

CITY STATE ZIP

E-MAIL

EMERGENCY CONTACT NAME AND PHONE #

*****PROSPECT ATHLETIC ASSOCIATION IS A NON-PROFIT ORGANIZATION RUN BY VOLUNTEERS. THIS INCLUDES THE COACHING STAFF, SO IN AN EFFORT TO KEEP THIS ENJOYABLE FOR OUR YOUNG ATHLETES A CERTAIN LEVEL OF RESPECT SHOULD BE MAINTAINED AT ALL TIMES IN REGUARDS TO THE COACHING STAFF, UMPIRES, REFEREES, PARENTS (HOME OR VISITOR) AND OTHER ATHLETES, WHILE AT THE BALLFIELDS OR IN THE PARKING LOT. ALL VIOLATIONS SHOULD BE REPORTED TO THE DIVISION COMMISSIONERS OR A BOARD MEMBER.
*****ONCE AN ATHLETE HAS BEEN PICKED AND PLACED ON A TEAM, HE OR SHE WILL REMAIN ON THAT TEAM UNTIL THE ENO OF THE SEASON, THERE ARE NO EXCEPTIONS.
*****A RESPONSIBLE PARENT OR GUARDIAN SHOULD ALWAYS BE AT PRACTICES ANO GAMES IN CASE OF EMERGENCY.

**WE GIVE OUR PERMISSION FOR OUR CHILD TO PLAY REGULAR GAMES WITH THE TEAM AND AGREE TO PAY THE MEMBERSHIP FEE AND SPORT FEE. WE UNDERSTAND THE ACCIDENT INSURANCE COVERAGE WILL BE IN ADDITION TO OUR INSURANCE AND WILL PAY A LIMITED COVERAGE AMOUNT AFTER OUR INSURANCE HAS BEEN EXHAUSTED. A COPY OF THE ACCIDENT INSURANCE COVERAGE IS AVAILABLE UPON REQUEST.
**WE THE PARENTS OF THE ABOVE NAMED CANDIDATE FOOR A POSITION ON A TEAM, HEREBY GIVE OUR APPROVAL FOR THEIR PARTICIPATION IN ANY AND ALL ACTIVITIES. WE ASSUME RISKS AND HAZARDS INCIDENTAL TO SUCH PARTICIPATION, INCLUDING TRANSPORTATION TO AND FROM THE ACTIVITIES AND WE DO HEREBY WAIVE, RELEASE INDEMNIFY AND AGREE TO HOLD HARMLESS THE PROSPECT ATHLETIC ASSOCIATION, THE ORGANIZERS, SPONSORS, SUPERVISORS, PARTICIPANTS AND PERSONS TRANSPORTING OUR CHILD TO OR FROM THE ACTIVITIES FOR ANY CLAIM ARISING FROM AN INJURY TO OUR CHILD, EXCEPT TO THE EXTENT AND IN THE AMOUNT COVERED BY THE ACCIDENT INSURANCE.
**WE HAVE READ AND UNDERSTAND THE ABOVE AND AGREE BY OUR SIGNATURE.

PARENT OR LEGAL GUARDIAN SIGNATURE DATE

PARENTS NAME PRINTED CHILD'S NAME

I WOULD LIKE TO HELP BY:

FEES: MEMBER. SPORT =TOTAL BY

CK# CASH