SUAA

PLEASE PRINT LEGIBLY

ATHLETE INFORMATION

_____ _____ _____

NAME AS IT APPEARS ON BIRTH CERTIFICATE *PREFERRED NAME* *DATE OF BIRTH*

*SPECIAL NEED OR MEDICAL REQUIREMENTS:*_____

_____

DID YOU PLAY WITH SUAA LAST SEASON? ☐ *YES* ☐ *NO*

IF YES, WHICH TEAM? _____ *JERSEY #* _____

SHIRT SIZE _____ *PANTS SIZE* _____

FAMILY INFORMATION

FATHER _____ *MOTHER* _____

FIRST, LAST *FIRST, LAST*

_____

STREET ADDRESS

_____ NC _____ _____ _____

CITY *STATE* *ZIP CODE* *HOME PHONE* *CELL/WORK PHONE*

EMAIL ADDRESS _____

EMERGENCY CONTACT PERSON _____ *PHONE* _____

I hereby give my permission to allow the above named child play on the team to which he or she is assigned. I understand that he or she is to obey all rules set forth by the Board of Directors and their agents. I also understand that any infraction of these rules may result in being placed on probation or being expelled from the team without benefit or refund.
I assume all risks and hazards incidental to such participation, including transportation to and from all related activities; and do hereby waive, release, absolve, indemnify and agree to hold harmless the parent or local league organization, the organizers, sponsors, supervisors, participants and persons transporting the child to and from such activities, for any claim arising out of injury to the child, except to the extent and in the amount covered by accident insurance held by the SUAA Recreation Association.
I also grant permission to managing personnel or other Association representatives to authorize and obtain medical care from any licensed physician, hospital or medical clinic should the child become ill or injured while participating in activities away from home, or at other times when neither parent is available to grant authorization for emergency treatment.
I understand that SUAA is a non-profit community recreational organization and that any and all fees are used to pay officials, insurance, park maintenance, and to purchase equipment to be used with programs.
I agree to be responsible for any damages caused by this child.
I certify the information given here is the correct and I/we will furnish a birth cerfiticate of the above named candidate upon request. I understand that SUAA is self-sustaining. Therefore, I pledge to volunteer my services as often and as regularly as possible.

_____ _____

SIGNATURE OF PARENT/GUARDIAN DATE

FEES PAID

BASKETBALL _____ TOTAL DUE _____

SOFTBALL _____ AMOUNT PAID _____

CHEERLEADING _____ BALANCE DUE _____

BASEBALL _____ METHOD OF PAYMENT: CASH _____

FOOTBALL _____ CHECK # _____

MACHINE PITCH _____

T-BALL _____