

Membership Card #

# Shalimar Athletic Association

http://www.shalimaryouthsports.com

## Member / Player Registration Form

**Check One:**

Baseball     
  Basketball     
  Cheerleading     
  Football

**PLAYER INFORMATION**

Child's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M  F  Weight \_\_\_\_\_ (Football Only)  
 Sizes (Check size that applies): School: \_\_\_\_\_ Grade: \_\_\_\_\_  
 SHIRT: Adult  Youth  XLG  LG  M  S   
 PANTS: Adult  Youth  XLG  LG  M  S   
 HAT: Adult  Youth

Return Player  New Player   
 If Returning Player, To Same Division, Team Name \_\_\_\_\_

**PARENTS OR LEGAL GUARDIAN**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
 Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ ( Include area codes )  
 Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Interested in Coaching Yes  No  If yes, what sport? \_\_\_\_\_  
 Interested in becoming a Committee Member Yes  No  If yes, what committee? \_\_\_\_\_

Committees Include: Fundraiser, Concession, Membership, Newsletter, Grounds, Field Maintenance, Umpire, Oversight, Registration

I, the Parent(s) or Legal Guardian of the named participant(s) for a position on an SAA team, give consent to his/her participation in any and all team activities during the current season. I assume all risks and hazards incidental to such participation, including transportation to and from activities. I hereby waive, release, absolve, indemnify, and agree to hold harmless the league, organizers, sponsors, supervisors, participants and persons transporting my child to or from activities, for any claim arising from an injury to my child.

MEDICAL RELEASE	PICTURE RELEASE	SAA USE ONLY
In case of an emergency and my family physician cannot be reached, I hereby authorize the SAA to have my child treated by another qualified, licensed physician who is available. Family Physician: _____ Phone: _____ Address: _____ Date of Last Tetanus: _____ Allergies: _____	I, _____ give permission for SAA to publish a photo of my child on the official SAA website or local newspaper. First names only will be used.  Parent Signature _____ Date _____	Check #: Cash: Registration: Membership: Concession: Other:  <b>Total:</b>

SAA Membership Fee is Non-Refundable. Registration Fee is refundable by the Sports Commissioner at their discretion as well as the policy listed on the back. \$25.00 Returned Check Fee. I hereby acknowledge that the Insurance provided by the SAA is considered a secondary policy with limited coverage and only pays after primary coverage.

I hereby agree to abide by SAA By-Laws, Policies, procedures, and park rules established and approved by the SAA Board of Directors.

PLEASE SEE DETAILS CONCERNING SAA ON BACK

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

(1) Witness: \_\_\_\_\_ (2) Witness: \_\_\_\_\_

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**Objective of SAA:** The objective of the Shalimar Athletic Association shall be to implant in the children of the community the ideals of good sportsmanship, honesty, loyalty, courage, and respect for authority so they may be well adjusted, stronger, and happier children.

**Volunteer Program:** The SAA is a volunteer program that requires the help of all parents. Please help our program by joining us as coaches, committee members, board members, or umpires. All volunteers are asked to help in concession area or make a donation of \$25.00 for us to hire someone to work in your place.

**Insurance:** The SAA carries a medical insurance policy, which is considered a secondary policy. The policy pays only after your primary coverage and then still has very limited benefits. If the need should arise, you will be required to pay the deductible. Please do not depend on this policy as your only coverage. If you have any questions concerning insurance please call the SAA office.