

GCKA PLAYER REGISTRATION FORM – PLEASE PRINT LEGIBLYPlayer Name: _____ Sex: _____ Sport: _____
LAST FIRST

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Birthdate: ____/____/____ Age: _____ Grade: _____ Hgt: _____ Wgt.: _____

Mother's Name: _____ Cell Phone: _____

Employer: _____ Employers Phone: _____

Father's Name: _____ Cell Phone: _____

Employer: _____ Employers Phone: _____

Email Address: _____ School: _____

Doctor: _____ Dentist: _____ Hospital: _____

Does your child have any medical problems or allergies: Yes No

If so, please describe: _____

Emergency Contact besides Parent: _____

NAME

PHONE

Seasons / Positions Played: _____ Last Team Name: _____

In consideration of acceptance as a member of the GCKA program, I do hereby, for myself, executors and administrators, waive, release and forever discharge all claims for any and all damages, which may be sustained and suffered by the above named child in connection with his/her said association with and/or entry into games, exhibitions and/or practice sessions which may herein after occur to my child against the GCKA, its sponsors, administrators, all their respective officers, agents, representatives, successors and/or assigns.

In further consideration for such recreation and training being afforded my child, I do hereby release and discharge the GCKA, its officers, coaches, assistants and their appointees any and all of them, from any claims, liabilities, damages or demands for any injuries to person or property, sustained by the above named child and resulting from their participation, practice, or play for the aforementioned organization. Should the above named child become ill or sustain injuries and a parent or guardian cannot be contacted, permission is hereby granted to call a licensed physician for treatment or to transport said child to a hospital emergency room for treatment. Further the undersigned will identify and hold harmless the City of Grove City, its officers, employees, sponsors, administrators, agents and all other persons, whomever, from any and every claim or demand of every kind of character, which may be asserted by reasons of any injuries or the effects or consequences thereof.

Any youth receiving, or parent and/or coach granting any award not authorized by the GCKA Board of Directors, will result in disciplinary action, up to and including the suspension of the participant and/or coach from participating in any and all GCKA sponsored programs for a period of 1 year from date of violation. By my signature I acknowledge the above.

I agree to abide by the written rules, by-laws, policies and spirit of GCKA, and that all programs are for the sole benefit of the children participating. I understand that I serve at the pleasure of the GCKA Board and Administrator. I acknowledge the authority of the Commissioner of the Sport and hereby understand I am under the direct supervision of the Commissioner of the sport. I further agree to abide by any decisions made by the sport.

Late signups may not be accepted; a \$25 late fee applies. 50% of the signup fee is non-refundable, no refunds after the first game.

All uniform fees must be in at the time of the order. All uniforms ordered are final sales there are no refunds for uniforms.

Parent (Guardian) Signature: _____ Date: _____

Date Paid: _____ Amount Paid: _____ Check #: _____ or Cash: _____

Short Size: _____ Shirt Size: _____ GCKA Rep: _____ Tax ID: 31-0954810