



Registration form "Baseball"

Hispanic American School for Advancement
 P. O. Box 74755 North Chesterfield, VA 23236

Ages 12-15

First Name	Middle Name	Last Name	Nickname	Telephone	
Address		City	State	Zip Code	
Shipping address if different from above		City	State	Zip Code	
Emergency Contact		Telephone	Doctor 'name	Phone Number	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	Age	Name of your School	Email	
Insurance Company, Policy Number	Name of brothers or sisters in the program		Experience	Height	Weight
<p>Please indicate if the player has any injury or physical limitations that we need to know. Such as, broken bone, muscle disorders, difficulties respiratory hearing problems etc.) Or any other medical conditions that the coach much be aware _____</p> <p>_____</p>					

Father/Guardian Inf. <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian					
First Name	Middle Name		Last Name		
Address (if different from the player)	City	State	Zip Code	Email	
Employer	Phone Number	HASA is an organization of volunteer... I will like to participate as <input type="checkbox"/> Head Coach <input type="checkbox"/> Assistant Coach <input type="checkbox"/> Volunteer <input type="checkbox"/> Other			

Father/Guardian Inf. <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian					
First Name	Middle Name		Last Name		
Address (if different from the player)	City	State	Zip Code	Email	
Employer	Phone Number	HASA is an organization of volunteer... I will like to participate as <input type="checkbox"/> Head Coach <input type="checkbox"/> Assistant Coach <input type="checkbox"/> Volunteer <input type="checkbox"/> Other			

NOTE: All children must be under the supervision of parents, an adult or guardian at time of practices or games _____

Initial

Contact Information
Juan Tejada (855) 442-4272 Ext. 1

Waiver of Liability and Release Form

I, the undersigned, do hereby willfully acknowledge that my signature below attests to my understanding the agreement:

1. Soccer is a physical, contact, sport that involves the risk of injury. I assume all risks and hazards associated with my child participation in the sport. He/She is in proper physical condition to participate in soccer practices and games and have no illness, disease or existing injury or physical defect that would be aggravated for his/her participation. I will inform the coach if this status changes. I further acknowledge that soccer is a risk sport that may involve injury, death, or other unforeseen consequences, including those which may be due to the unavailability of immediate emergency medical care. I will provide my child to wear shinguards, properly-fitted and appropriate shoes, and other protective equipment (e.g., mouth-pieces), as required by soccer rules, to all events. _____
Initial
2. The league or tournament does not have personal injury insurance that covers for my child participation. Therefore, I should have a current, active, personal injury insurance policy in force, which covers my child's participation. Under any condition, HASA is not responsible for any and all medical expenses arising from my child's participation, both in practices and games and while travelling to and from these events _____
Initial
3. I authorize my child photograph, picture or likeness, and voice to appear in any documentary, promotion (including advertising), television, video, or radio coverage of the league or tournament, without compensation. _____
Initial
4. I authorize that an unaltered copy of this form may be generated and given to the officers or directors of other leagues or tournaments in order to allow my child participation in their soccer programs, if the form is required and my child is requested to participate. _____
Initial
5. I hereby release, waive liability, discharge, hold harmless, indemnify, and covenant not to sue, the United States Soccer Federation, the State Association, the Club, the league and tournament, their associated directors, administrators, officers, managers, employees, coaches, trainers, volunteers, sponsors and advertisers, and other agents, estates or executors, from any and all liability incurred in the conduct of, and my child participation in their soccer programs. This includes owners, lessors, and lessees of premises, municipalities, government agencies, successors, heirs, and assigns. _____
Initial
6. I have completely read this document and fully understand its contents. As the parent and natural guardian or legal guardian of the participant, I hereby agree to the foregoing Waiver of Liability and Release for, and on behalf of, the participant (player/minor) named above. I hereby bind myself, the minor, and all other assigns to the terms of the Waiver of Liability and Release. I represent and certify that I have the legal capacity and the authority to act for, and on behalf of, the minor in the execution of this Waiver of Liability and Release. _____
Initial

Guardian name (Print)

Signature

Date

HASA staff use only

Application

Approved by _____

Contact Information
Juan Tejada (855) 442-4272 Ext. 1