

CLOVER HILL SPORTS ASSOCIATION - FOOTBALL REGISTRATION FORM 2019

PLAYER'S LAST NAME: _____ FIRST: _____ MI: _____
ADDRESS: _____ CITY: _____ ZIP: _____
HOME PHONE #: _____ ELEMENTARY SCHOOL BOUNDARY: _____
FATHER'S NAME: _____ CELL #: _____
MOTHER'S NAME: _____ CELL #: _____
E-MAIL ADDRESS: _____ DATE OF BIRTH: _____
AGE (AS OF JULY 31, 2017): _____

REGISTRATION FEE: \$160 For FLAG. \$185 For MINOR, JUNIOR and SENIOR

This includes a complete uniform package consisting of Pants, Jersey, & Socks After July 15th, 2019 Registration Fees will go up to \$185 for Flag and \$200 for Minor, Junior and Seniors.

Flag (6-7 Yrs. Old) _____ Minor (8-9 Yrs. Old) _____ Junior (10-11 Yrs. Old) _____ Senior (12-13 Yrs. Old) _____

There will be a \$25.00 returned check charge on any check deposited in the account of CHSA and returned for any reason. Refund requests will only be considered prior to the first practice. Partial refunds for extenuating circumstances may be considered on an individual basis.

I/We, the parent(s) / guardian(s) of The above Named Child, hereby give my/our approval for his/her participation in any and all CLOVER HILL SPORTS ASSOCIATION sponsored activities for the sport of FOOTBALL. I/We assume all risks and hazards incidental to such participation, including transportation to and from the activities, and I/We do hereby waive, release, absolve, indemnify and agree to hold harmless, the CLOVER HILL SPORTS ASSOCIATION, the Organizers, Sponsors, Coaches, Participants, and Persons transporting my/our son/daughter, except to the extent and in the amount covered by accident or liability insurance. I/We agree to furnish a certified Birth Certificate of certified legal proof of birth or other legal proof as may be requested by the Association or League for the above named participant. I/We agree to be responsible for any registration fees due prior to the start of the sport season for which the above named child is being registered. I/We understand that all children may not be played equal time in a sports activity. I/We agree that all CLOVER HILL SPORTS ASSOCIATION equipment and uniforms must be returned to the Association at the end of the sports season. I/We, the parent(s)/guardian(s) of The Above Named Child, who is a member of CLOVER HILL SPORTS ASSOCIATION, do hereby acknowledge that my/our child is in good physical condition and to the best of my/our knowledge is without such ailments that could create and/or cause problems due to strenuous activity (for example: asthma, migraine headaches, weak back/joints, prone to fainting or dizziness, diabetes, heart conditions, extreme allergic reactions or other physical or chronic disorders). If any, please explain, as it is to everyone's advantage that we are aware in the event of an emergency and does not necessarily mean that the child will be unable to participate in the sport. I do further give my express permission for my son/daughter to be treated for any illness or injury sustained in connection with his/her duties as a member of CLOVER HILL SPORTS ASSOCIATION, should such illness or injury occur during my absence.

Parent / Guardian's Signature: _____ **Date:** _____

THE SUCCESS OF CLOVER HILL SPORTS ASSOCIATION PROGRAMS IS A RESULT OF MANY PEOPLE GIVING THEIR TIME AND EFFORT FOR THE YOUTH OF OUR COMMUNITY. CLOVER HILL SPORTS ASSOCIATION HAS MANY OPPORTUNITIES TO SERVE IF YOU WISH.

PLEASE INDICATE ANY AREA YOU ARE INTERESTED IN FOR THIS FOOTBALL SEASON. VOLUNTEER:

_____ Coach _____ Asst. Coach _____ Team Parent

OFFICE USE:

Payment: _____ / _____

Birth Certificate: _____