

CHESTER ATHLETIC ASSOCIATION

PLAYERS NAME _____ CURRENT SCHOOL _____

AGE _____ DOB _____ ELEMENTARY SCHOOL DISTRICT _____ MIDDLE SCHOOL DISTRICT _____

EXPERIENCE _____ HEIGHT _____ WEIGHT _____ GRADE _____ HOME PHONE _____

PARENT NAME _____ Email _____ CELL _____

PARENT NAME _____ Email _____ CELL _____

STREET ADDRESS _____ CITY _____ ZIP _____

SHIRT/JERSEY SIZE _____ SHORTS/PANTS SIZE _____ JERSEY NUMBER 1ST _____ 2ND _____ 3RD _____

JERSEY NUMBER FROM PREVIOUS YEAR AND TEAM _____

PARENTS and/or LEGAL GUARDIANS AGREE TO THE FOLLOWING:

I/WE GIVE MY/OUR APPROVAL FOR MY/OUR CHILD TO PARTICIPATE IN ANY AND ALL LEAGUE ACTIVITIES.

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 CHESTER ATHLETIC ASSOCIATION, THE ORGANIZERS, SPONSORS, SUPERVISORS, PARTICIPANTS AND PERSONS TRANSPORTING MY/OUR SON OR DAUGHTER.

I HAVE READ THE CODE OF CONDUCT AND UNDERSTAND SAID DOCUMENT.

I/WE AGREE TO RETURN ALL UNIFORMS AND OTHER EQUIPMENT ISSUED TO MY/OUR SON OR DAUGHTER IN AS GOOD A CONDITION AS WHEN WE RECEIVED IT EXCEPT FOR NORMAL WEAR AND TEAR. IF I/WE FAIL TO TURN IN ALL EQUIPMENT AND/OR UNIFORMS ISSUED, I/WE WILL HAVE TO PAY THE REPLACEMENT COST FOR THE ITEM OR BE SUBJECT TO CRIMINAL AND/OR CIVIL PROSECUTION.

I/WE WILL FURNISH A BIRTH CERTIFICATE OR OTHER PROOF OF BIRTH OF THE ABOVE NAMED ATHLETE.

I/WE WILL PARTICIPATE IN THE ASSOCIATIONS FUNDRAISING PROJECTS AND SEE THAT ALL MONEY AND UNSOLD MERCHANDISE IS RETURNED TO THE DESIGNATED INDIVIDUALS WHEN DUE.

I/WE AGREE TO PAY THE REGISTRATION FEE AND PURCHASE ANY UNIFORM THAT MAY BE REQUIRED TO PARTICIPATE. I/WE UNDERSTAND THAT FAILURE TO PAY MAY RESULT IN THE SUSPENSION OF ATHLETIC ACTIVITY FOR MY CHILD FROM THEIR TEAM UNTIL THE BALANCE IS PAID. ALL RETURNED CHECKS WILL BE ASSESSED A \$35 FEE.

SIGNATURE(S) SIGNIFIES UNDERSTANDING OF THE AGREEMENT TO ALL DUES, FEES, AND DUTIES ASSOCIATED WITH/FOR CHESTER ATHLETIC ASSOCIATION.

SIGNED _____ DATE _____

SIGNED _____ DATE _____

I WOULD LIKE TO ASSIST THE TEAM

HEAD COACH

SCOREKEEPER

ASST. COACH

REGISTRATION

\$ _____

UNIFORM

\$ _____

AMOUNT PAID \$ _____

CHECKS PAYABLE TO: CHESTER ATHLETIC ASSOCIATION