



All Saints' Episcopal Church ASIS Program



PLAYER REGISTRATION FORM - ADULT

<input type="checkbox"/> NEW PLAYER		<input type="checkbox"/> RETURNING PLAYER		<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> TEAM (Name: _____)
Last Name			First Name		
Mailing Address:			Phone:		
Town	State	Zip	Emergency Contact:		
Birthdate:		Age:	Emergency Phone:		
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female			Medical Insurance Carrier: (Not mandatory)		
Division:			Physician Name:		
Organization or Team: (If applicable)			Physician Phone:		
Email Address:			Physician Phone:		
How you heard of this event:					

RELEASE AND AUTHORIZATION

In consideration of my participation in the All Saints Indoor Sports (ASIS) program, I agree to the following:

EMERGENCY AUTHORIZATION:

I hereby authorize designated officials and personnel of the ASIS program and All Saints' Church to provide, through a medical staff of its choice, medical and emergency services as warranted in the course of my participation in the ASIS program.

DISCLAIMER, ASSUMPTION OF RISK, WAIVER & RELEASE:

I acknowledge that participation in sports such as basketball, futsal, dodgeball, and volleyball, involves contact of some force with risk of physical injury including bruises, strained, sprained or torn muscles, tendons or ligaments and other injuries that may be associated with falls or collisions, and willingly and voluntarily accept and assume all such risk.

In consideration of accepting the registration and participation in the ASIS program, I hereby release, discharge and agree to hold harmless to the fullest extent permitted by law, All Saints' Episcopal Church, its players, employees, volunteers, officials, sponsor and other representatives of the ASIS program from any and all claims, demands, costs, expenses and compensation arising out of or in any way related to an injury or other damage that may result, while participating in the ASIS program, including any physical or other injury caused by the negligence of any person or entity described above. I further acknowledge that the FIF Dodgeball program is administered by volunteers rather than paid professionals.

I further acknowledge and accept that this Disclaimer, Assumption of Risk and Waiver is intended to be as broad and inclusive as permitted by the laws of the State of Hawaii and agree that if any portion of this Disclaimer, Assumption of Risk and Waiver is deemed to be invalid, the remainder will continue in full legal force and effect.

I HAVE READ THE ABOVE EMERGENCY AUTHORIZATION, DISCLAIMER, ASSUMPTION OF RISK, WAIVER & RELEASE, AND I FULLY UNDERSTAND AND AGREE TO THE TERMS OF EACH, FREELY AND VOLUNTARILY AND WITHOUT INDUCEMENT.

Signature of Participant

Date

OFFICE USE ONLY			
Deposit: <input type="checkbox"/> Waived <input type="checkbox"/> Cash <input type="checkbox"/> Check	Amount:	Date Rcvd:	Initials: