



**All Saints' Episcopal Church
ASIS Program**



PLAYER REGISTRATION FORM - MINOR

<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		School:		Physician Name:			
Medical Insurance Carrier: (Not mandatory)				Physician Phone:			
Father/Guardian – Last Name			First Name		Home Phone:		
Mother/Guardian – Last Name			First Name		Home Phone:		
Email Address:				How you heard of this event:			

RELEASE AND AUTHORIZATION

I, the undersigned parent or legal guardian of the above-named player, a minor ("Player"), on behalf of myself and Player, hereby agrees as follows:

EMERGENCY AUTHORIZATION:

I hereby authorize the coach, team leader, gym supervisor and/or other designated officials of the All Saints' Indoor Sports (ASIS) program and All Saints' Church to act as my agents in the capacity of activity supervisors, and I authorize each of them to consent to medical surgical or dental examination and/or treatment as warranted.

DISCLAIMER, ASSUMPTION OF RISK, WAIVER & RELEASE:

I, the undersigned parent or legal guardian of the above Player, a minor, for myself and on behalf of the above Player, our heirs, assigns and next of kin, 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 permitting the voluntary participation of Player 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 to said participant whom I am responsible while participating in the ASIS program and tournament, including any physical or other injury caused by the negligence of any person or entity described above. I further acknowledge that the ASIS program is administered by volunteers rather than paid professionals.

I further acknowledge and accept that this Disclaimer, Assumption of Risk, Waiver & Release, 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 THE TERMS OF EACH, UNDERSTAND THAT I AND PLAYER HAVE GIVEN UP SUBSTANTIAL RIGHTS BY MY SIGNING THIS FORM AND AGREEING TO THESE TERMS, AND I SIGN THIS FORM FOR MYSELF AND ON BEHALF OF PLAYER AND AGREE TO THESE TERMS FREELY AND VOLUNTARILY AND WITHOUT INDUCEMENT.

Parent/Guardian Signature

Date

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