

Harmony Township Athletic Association Registration Form

Fall Season (registrations due 6/1) Winter Season (registrations due 10/1) Spring Season (registrations due 2/1)	Circle	Program	soccer basketball: clinic league select t-ball coach pitch baseball softball	Season: 20____
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Child's name:	Birth date:	Grade (at Season):
Parent's/guardian's name:	Phone #:	
Address:	E-mail:	M / F

Sizes: <input type="checkbox"/> XS : <input type="checkbox"/> YS : <input type="checkbox"/> M : <input type="checkbox"/> YL : <input type="checkbox"/> YXL : <input type="checkbox"/> AS : <input type="checkbox"/> AM : <input type="checkbox"/> AL : <input type="checkbox"/> AXL	Pant: <input type="checkbox"/> YS : <input type="checkbox"/> YM : <input type="checkbox"/> YL : <input type="checkbox"/> YXL : <input type="checkbox"/> AS : <input type="checkbox"/> AM : <input type="checkbox"/> AL : <input type="checkbox"/> AXL	Shoe:
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Parental Waiver and Consent

As the parent or legal guardian of the child named above, I hereby give my full consent and approval for my child to participate as a team member in the sport designated above.

I understand that there are certain risks of injury inherent in the practice and play of this sport, as well as traveling and other related activities incidental to my child's participation, and I am willing to assume these risks on behalf of my child. I hereby certify that my child is fully capable of participating in the designated sport and that my child is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in these activities except as listed on the HTAA Emergency Information form.

I also understand that Harmony Township Athletic Association carries what is known as a secondary insurance policy on all registered participant of their programs. I understand this policy is designed to cover costs that my personal policy may not cover such as deductible, co-payments, and other costs above the limitations of my policy. I understand the policy has a one year limit for claims from the date of injury. I understand that for serious medical or dental injuries in a child, this is a very constraining time period, but that extending this period is cost prohibitive for the program.

In addition to giving my full consent for my child's participation, I do hereby waive, release and hold harmless Harmony Township Athletic Association, its officers, coaches, sponsors, supervisors, and representatives for any injury that may be suffered by my child in the normal course of participation in the designated sport and the activities incidental thereto, whether the result of negligence or any other cause.

Signature of parent/guardian:	Date:
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All parents are required to volunteer. (Guaranteed by deposit.)
 This keeps our programs successful and your costs down.
 Indicate your preference here. See the current flier for details.

It is your responsibility to schedule your shifts. Deposits will not be refunded because of not being able to work available shifts. Schedule early for the best availability of shifts.

Please initial here _____
 to give permission to use photographs of your child on our website. No information identifying your child would be posted.

Has this child registered with HTAA before? Yes / No
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	Check #	Amount
Uniform deposit:		
Volunteer deposit:		
Registration fee:		
Number of children:		

Please Note: This form must be accompanied by the HTAA Emergency Information form.

