

## Laurel Springs Athletic Association - Sports Registration Form



**\$50 fee Tball, \$100 fee All other ages. \$25 bond for all players to be refunded if participate in field day(s) or snack stand**

Today's Date:

Registration Amount: CASH CHECK# \_\_\_\_\_ \$ \_\_\_\_\_

### PLAYER INFORMATION

Player's Last Name: \_\_\_\_\_ First: \_\_\_\_\_

**Sport (Circle One):** Baseball Softball T-Ball

Other: \_\_\_\_\_

Address: \_\_\_\_\_

**Date of Birth (MM/DD/YYYY):** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Gender:** Male Female **Uniform Size:** Youth/Adult XS S M L XL XXL

### PARENTAL INFORMATION

Mother's Name (Guardian): \_\_\_\_\_  
Home Phone OR Cell Primary Email Address: (please print clearly)

Father's Name (Guardian): \_\_\_\_\_  
Home Phone OR Cell Primary Email Address: (please print clearly)

Additional Contact Number(s): \_\_\_\_\_

### IN CASE OF EMERGENCY

Name of local friend or relative (not living at same address): \_\_\_\_\_ Relationship to the player: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Player Medical Insurance Carrier: \_\_\_\_\_ Please list any information that you wish to disclose related to your child's health (such as allergies, asthma, etc) that may be relevant enough for his/her coaches to know about: \_\_\_\_\_

### VOLUNTEER INFORMATION

All parents are encouraged to volunteer their time with assisting our organization. All volunteers for the L.S.A.A are required to pass a background check approved by the Laurel Springs Police Department. A Code of Conduct policy will be required to be signed by all families and all are reminded that the sports programs are for the enrichment of our players!

### L.S.A.A. MEDICAL RELEASE, OBLIGATION, AND MUNICIPAL FIELD WAIVER

I/We, the undersigned, hereby wish to register the below named child/children for a position on a team in the Laurel Springs Athletic Association, here known as the LSAA. Upon acceptance and approval of this registration, I/We hereby give my/our approval to have my/our child/children participate in any or all LSAA related activities including transportation to and from the activities and agree to abide by the By-Laws of the LSAA and the Borough of Laurel Springs.

I/We know that participating in the sports activities for which we are registering for may result in serious injuries and protective equipment does not prevent all injuries to players. Therefore, I/We do hereby waive, release, absolve, indemnify and agree to defend and hold harmless the LSAA, the Borough of Laurel Springs Municipality, the Organizers, sponsors, supervisors, participants and persons transporting my/our children to and from activities for any claim suit, demand, action, settlement, judgment and other expense (including, but not limited to, cost of defense, settlement and attorney's fees) of whatever type or nature, arising out of injury to my/our child/children whether the result of negligence or for any cause, except to the extent and in the amount covered by the LSAA accident or liability insurance.

I/we authorize the LSAA to render any immediate first aid and/or obtain proper medical attention in the event of an injury while actively participating in a LSAA sponsored program or event.

It is understood and agreed by the below named parent(s)/guardian(s) that the personal injury insurance supplied by the LSAA is of a secondary nature and can be used only where there is no valid and collected insurance source, such as personal hospitalization plan or employers group insurance plan in force. I/We recognize that the LSAA will not reimburse parent(s)/guardian(s) for any insurance claim deductibles.

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date Signed

