



HOLY FAMILY ATHLETIC ASSOCIATION REGISTRATION FORM

Childs Age Prior to 9/01 of current year _____

Name: _____ Sex: _____ Age: _____ DOB: _____ Grade: _____

Sport or Activity: _____

Father's Name: _____

Mother's Name: _____

Address: _____

Address: _____

Cell Phone: _____

Cell Phone: _____

E-mail: _____

E-mail: _____

Child's Shirt Size (please circle): **YXS** (4) **YS** (6-8) **YM** (10-12) **YL** (12-14) **YXL** (16-18) **Adult:** XS S M L XL

Please circle one: **Holy Family School Student** or **Holy Family Parish Member**

Other School: _____ and **Other Parish:** _____

Please note - A copy of your child's birth certificate is necessary for first time participants!

MEDICAL INFORMATION

Family Doctor: _____ Phone: _____

Contact Person (other than parents): _____ Phone: _____

Hospital: _____

Allergies: _____ Other Medical Concerns: _____

RELEASE

The undersigned parent or legal guardians intending to be legally bound agree:

1. That the undersigned participant has our permission to participate in sports activity under the direction of the Holy Family Athletic Association.
2. To return all equipment and uniforms, clean and in good condition, upon separation from his/her team.
3. To release Holy Family Athletic Association, Holy Family School, Holy Family Parish and their agents, coaches and assigns from any and all liability, responsibility, or obligation in the event of an accident, regardless of causes or consequences by reason of any mishap, accident or injury received by said participant in transportation, play, game, exhibition, practice or related activity.
4. That this release will be binding on the undersigned parent(s), legal guardians, participants and their heirs, executors or administrators.

Parent or Legal Guardian Signature: _____ **Date:** _____

Print name: _____

PARENT VOLUNTEERS ARE NEEDED FOR OUR ASSOCIATION TO BE SUCCESSFUL IN THE TASK OF COACHING AND GUIDING OUR CHILDREN. IF YOU CAN HELP PLEASE CHECK OFF ANY OF THE SERVICES BELOW....

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Head Coach | <input type="checkbox"/> Team Parent | <input type="checkbox"/> Polzer Tournament | <input type="checkbox"/> Snack-Stand Scheduler (as needed) |
| <input type="checkbox"/> Assistant Coach | <input type="checkbox"/> Clock Operator | <input type="checkbox"/> Gym Monitor | <input type="checkbox"/> HFAA Member <input type="checkbox"/> Any Sports/HFAA Coordinator |

Please list any coaching experience: _____

FEE SCHEDULE

- **ALL SPORTS = 1 child** - \$80.00, **2 children** - \$120, **3 or more children** - \$150
 - **Instructional** \$50 individual or \$40 if have sibling in a higher level
- Registration Fee _____ Check # _____ or Pay-Pal _____ Please submit copy of your pay-pal receipt with registration.
(Pay-Pal instructions: Visit www.holyfamilyathletics.org. Click on HFAA Information & Details/Registration for Pay-pal link)
- **Work Bond Fee for Basketball/Volleyball Only** - \$100.00 **Instructional (K-2)** - No work bond required
- Work Bond Paid _____ Check # _____

WORK BOND CHECK TO BE TORN UP UPON COMPLETION OF ASSIGNED CONCESSION STAND DUTY AND RETURN OF TEAM UNIFORM

REGISTRATION FEES ARE NON-REFUNDABLE