



WWW.BSAAFOOTBALL.COM

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|---|-------------------|--------------------------------|--|----------------------|
| Football Player Questions: Freeze Player YES / NO Parent Interested in Coaching YES / NO | | | <i>League Rep. Marks These:</i> Team/Coach: _____ Division: K, 1, 2, 3, 4, 5, 6, 7 Flag \$110.00 Tackle \$210.00 | |
| Special Requests (team request/ help coach): _____ | | | Fee: _____ | Amt Paid: _____ |
| Player's/ Participant's Name: _____ | | | CK#: _____ | Assistance: _____ |
| School: _____ | | Age & Grade in Fall: _____ | Date of Birth: _____ | Grade in Fall: _____ |
| Parents or Guardians Name: _____ | | | Home Phone / Cell Phone: _____ | |
| Address: _____ | | | City / State / Zip: _____ | |
| Father's Employer: _____ | Work Phone: _____ | Season's Played: _____ | Last Team: _____ | |
| Mother's Employer: _____ | Work Phone: _____ | Height: _____ Weight: _____ | Parent Used E-Mail Address(es): _____ | |

RELEASE OF LIABILITY CONTRACT:

My child has my permission to participate in all BSAA sponsored or endorsed activities. BSAA and its officers, Board Members, coaches, coaching staff, agents, licenses are hereby released from any and all liability or responsibility for any injury that may occur to my child, to me, to my spouse, to any of my other children, resulting directly or indirectly from my child's participation in BSAA activities including but not limited to league, tournament and practice games, practices, transportation to and from games, tournaments or otherwise, and the use of practice facilities, game facilities, concession facilities or any other facility. We shall abide by the rules and regulations of participation of Blue Springs Athletic Association Football (BSAA).

INSURANCE RELEASE: Please check the appropriate box and complete the required information

I understand that BSAA carries Participant Accident Medical Insurance, and my child is covered by the following accident insurance:
 Insurance Co. Name: _____ Type of Policy: _____

This is to certify that we have NO INSURANCE policy that will cover my child. However, he/she has my permission to participate in all BSAA activities.

AUTHORIZATION FOR EMERGENCY TREATMENT:

I hereby authorize Dr. _____ or any physician, surgeon or dentist on the medical staff of _____ Hospital, (or nearest ER Medical Center) to administer any emergency treatment, procedure or medicine necessary or advisable when accompanied by an adult; I further authorize (**player's name**) _____ to be transported to the nearest emergency room. I also authorize officials at BSAA to secure the use of an ambulance, if necessary, for transporting my child to the hospital, and/or to administer first aid treatment as necessary. I further agree to pay the hospital, doctors, and ambulance service for all services rendered to the above named patient. I request that this authorization remain in force as long as my child is engaged in any activity relating to BSAA, unless noted in writing of a change by me.

(Initial) PARENTS CODE OF ETHICS:

By my signature, I do hereby pledge to provide positive support, care, and encouragement for my child participating in youth sports by following this Parent's Code of Ethics: I will encourage good sportsmanship by demonstrating positive support for all players, coaches and officials at every game, practice or other event; I will place the emotional and physical well being of my child ahead of my personal desire to win; I will insist that my child play in a safe and healthy environment; I will support coaches and officials working with my child, in order to encourage a positive and enjoyable experience for all; I will demand an environment for my child that is free from drugs, tobacco and alcohol and will refrain from their use at all youth sports events; I will remember that the game is for youth – not adults; I will do my best to make youth sports fun for my child; I will ask my child to treat other players, coaches, fans and officials with respect regardless of race, sex, creed or ability; I will help my child enjoy the youth sports experience by doing whatever I can, such as being a respectful fan, assisting with coaching or providing transportation.

(Initial) REFUND POLICY: Refunds will only be issued if the player has not played in a regular season game. Obtain a refund form from your coach or our website and mail it to the league's mailing address. Your refund will be mailed to you.

Family Plan Information (Football Players Only)

Player: _____ Grade: K 1 2 3 4 5 6 7 Division: _____ Flag _____ Tackle _____ Jersey Size: YS YM YL AS AM AL
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SIGNATURES

| | |
|--------------------------|-------------|
| Parent / Guardian: _____ | Date: _____ |
| Team Manager: _____ | Date: _____ |

How did you hear about BSAA Football? Played Last Year School Flyer Community Business Web Site Parent / Coach