



2016-2017 Basketball

PO Box 106, Fremont, NH 03044
www.fremontathleticassociation.org

FAA Only
Paid: _____
Check #: _____
Initials: _____

SPONSOR INFORMATION

Are you interested in sponsoring a TEAM?
 Your BUSINESS or FAMILY could sponsor. The cost is \$250 and your BUSINESS/FAMILY name is placed on the BACK of the team UNIFORMS or on a vinyl 3'x5' sign to be displayed during all games (signs may be more money).
 Check below and someone will contact you with more information

Business/Family Name: _____

Contact Name and Phone Number: _____

REGISTRATION FEES and DIVISIONS

Make checks payable to **FAA** (Fremont Athletic Association)
 Please mail forms with payment to FAA PO Box 106

Pre-K/K Introductory Skills **\$20.00**
 Grades 1 & 2 **\$35.00**

***Grades 3 – 8 please go to www.sanbornyouthbasketball.org to register with SYB

FAMILY DISCOUNTS, \$5.00 off each additional player after your first

PLAYER INFORMATION

NAME: _____ BIRTHDATE: ____ / ____ / _____ Gender: M F

SHIRT SIZE: YOUTH Sizes () SMALL () MEDIUM () LARGE

PHONE #: (HOME) _____ Father Cell: _____ Mother Cell: _____

ADDRESS: _____

FATHER: _____ MOTHER: _____

EMAIL (1): _____

EMAIL (2): _____

HEALTH CONCERNS: Please check all that apply to your child. Give details if necessary.

- | | | | |
|--------------------------------------------|------------------------|-------------------------------------------|---------------------------------|
| () Hearing Aid | () Contact Lenses | () Nervous/Easily Upset | () Eye or Vision Impairment |
| () Convulsions | () Hearing Disability | () Fainting Spells | () Breathing Difficulty/Asthma |
| () Eye Glasses | () Cardiac Condition | () Allergies (food, insects, Medication) | |
| () Long Term Medical Care, explain: _____ | | | |

Other: _____

SUPPORT

() **Coach** (you must be NYSCA certified - We will contact you and certify you for NO charge!)
 Coaches please indicate: Shirt Size: _____ Father () Mother ()
 Years coached: _____ Sports coached: _____
 Sports played and level: _____



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fremontathletics@yahoo.com

EMERGENCY CONTACT INFORMATION

CHILD'S DOCTOR: _____ PHONE #: _____

HOSPITAL of CHOICE: _____ PHONE #: _____

PLEASE list the names of TWO (2) PEOPLE who will assume TEMPORARY CARE of YOUR CHILD IF YOU CANNOT BE REACHED.

NAME: _____ PHONE #: _____

NAME: _____ PHONE #: _____

Release and Waiver of Liability and Indemnity Agreement

In recognition of the permission granted to the participant named on this form to participate in the YOUTH SPORTS PROGRAM, I/We SHALL RELEASE, WAIVE DISCHARGE AND CONVENANT NOT TO SUE the Town of Fremont, the Fremont Athletics Association/Recreation Commission, their agent and employees from all liability for any and all loss or damage, and any claim or demands therefore because of injury to the person or property or resulting in death of the named participant except in the case of gross or willful wanton negligence of the Town of Fremont, the Fremont Athletic Association/Recreation Commission, its agents and employee or otherwise while the named participant participates in Fremont Youth Sports.

I/We further agree to indemnify the Town of Fremont, the Fremont Athletic Association/Recreation Commission, their agents and employees from any and all liability, loss, or damage including but not limited to bodily injury, illness, death or property damage that the Town of Fremont, the Fremont Athletic Association/Recreation Commission, their agents and employees become legally obligated to pay including reasonable attorney's fees and costs, as a result of claims, demands, costs or judgments, against the Town of Fremont, the Fremont Athletic Association/Recreation Commission, their agents and employees on account of injury to the person or property or resulting in the death of the named participant except in the case of gross or willful wanton negligence of the Town of Fremont, the Fremont Athletic Association/Recreation Commission, their agents or employees and whether or not such liability is sole, joint or several.

I/We am aware that participation in this program may present a strain on my child's body, or its parts and therefore I represent to the Town of Fremont, the Fremont Athletic Association/Recreation Commission that to the best of my knowledge, my child is in a proper physical condition to allow him/her to participate and that I/We assume the risk of participating.

I/We understand that the above program involves traveling to various sites. I/We will accept full responsibility for the transportation of my child to and from these activities. I/We release, indemnify, and hold harmless persons providing such transportation

I/We understand that incase of accident or serious illness, I/We request the Fremont Athletic Association to contact me. If the Fremont Athletic Association or its authorized representative is unable to reach me, I hereby authorize the Fremont Athletic Association to contact the Physician indicated on the front of this form and to follow his/her instructions. If it is impossible to contact this Physician, the Fremont Athletic Association may make whatever arrangements necessary.

I/We, the parents/legal guardian, the undersigned, have read this release and understand all its terms. I/We execute is voluntarily and with full knowledge of its significance. I/We have executed this release on this date indicated next to my/our names.

SIGNATURE OF PARENT/GUARDIAN

DATE