



2012 Pilsen Athletic Conference Registration Form

Player Information

New Player Returning Player Male Female

Name: _____ Date of Birth: _____

Previous Team/Division: _____ New Team/Division: _____

PARENT INFORMATION

Name: _____ e-mail: _____

Address: _____ City: _____ State: _____

Zip: _____

Phone (home): _____ (work) _____ (cell) _____

I/WE, the parent(s) of the above named candidate for a position in the 2012 P.A.C. Youth Sports League, hereby give my/our approval to participate in any and all program activities, including transportation to and from the activities. In consideration of being allowed to participate in any way in the P.A.C. Youth Sports League, related events and activities, the undersigned acknowledges, appreciates and agrees that;

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I/WE KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my/our child's participation; and,
3. I/WE willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I/WE observe any unusual significant hazard during my/our child's presence or participation, I/WE will remove my/our child from participation and bring such to the attention of the nearest official immediately; and,
4. I/WE, for myself/ourselves and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS the program organizers, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event(s) ("RELEASEES"), WITH RESPECT TO ANY CLAIMS, DEMANDS, ACTIONS, COMPLAINTS, SUITS, OTHER FORMS OF LIABILITY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE to the fullest extent permitted by law.

I/WE HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I/WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Parent(s) or Guardian Signature: _____ Date: _____



**2012 P.A.C. Youth Sports League
Medical History & Emergency Contact Form**

Player's First Name: _____ Last Name: _____

Name Used: _____

Current Age: _____ Date of Birth: _____

ALLERGIES / RESTRICTIONS

Is your child allergic to any medications, foods, environmental or other substances? **Yes No**

- If yes, please list allergen and describe child's reaction when exposed and treatment required: _____

Is your child to be restricted and/or limited from participating in any physical activities? **Yes No**

- If yes, please list restrictions/limitations in detail: _____

MEDICATIONS

Does your child currently take any medications? **Yes No**

- If yes, please list _____

Note: The PAC Staff are prohibited from administering any medications to children, this is solely the responsibility of the parents.

Medications sent with a child for self administering, must be clearly labeled and safely contained.

BEHAVIORAL

Does your child have any sensory, physical and/or behavioral difficulties that you believe would be helpful for the coaching staff to know about? **Yes/No** If yes, please describe: _____

EMERGENCY CONTACT INFORMATION

In the event of any emergency or if we are unable to reach anyone listed below, PAC Staff will act on your behalf. Please list yourself and others authorized to act on your behalf:

Names	Relationship	List all phone numbers in the order that we should call
1 st		
2 nd		
3 rd		
4 th		

INSURANCE INFORMATION

Name of family hospitalization plan _____ Group/Policy # _____

Family Doctor: _____ Phone: _____

INFORMED CONSENT & AUTHORIZATION for EMERGENCY TREATMENT and TRANSPORTATION

1. I understand that I will be notified if my child, listed on this form, becomes injured and/or ill while participating with PAC.
2. I agree that upon notification of my child's injury and/or illness, I will have her/him picked up immediately.
3. In case of emergency or when I cannot be reached, I hereby give authorization to the PAC staff to contact other parents, legal guardians and/or emergency contact people listed on this form. If no one listed on this form can be reached, then I hereby give authorization to the PAC staff and the treating physician to obtain or provide whatever medical treatment and/or transportation deemed necessary for the immediate welfare of my child, listed above.

Condition of participation: I have read, understand and agree to the terms and conditions listed on this Medical History and Emergency Contact Form. I understand it is my responsibility to provide accident and health insurance coverage for my child and I will be financially responsible for all charges and fees for emergency medical treatment and/or transportation, regardless of whether my medical insurance covers such charges and fees.

Parent/Guardian Signature _____ Date _____