



7 on 7 Player Registration Form

Please circle one division: Middle School (Grades 6, 7, 8)

High School (Class of 2019-2021)

SPRING SEASON: 5/26/18 – 7/07/18 Games on Saturdays @ Pointer Field, Kapolei

1. Child's Name _____
2. Age _____ Sex _____ Birth Date _____ Grade: _____
3. Parents / Legal Guardians (AUTHORIZED TO PICK UP CHILD)

Father's Name /Legal Guardian Cell Phone Home Phone

Mother's Name /Legal Guardian Cell Phone Home Phone
4. Email address: _____ (PLEASE PRINT CLEARLY)
5. Mailing Address _____
City _____ State _____ Zip _____
6. Medical Conditions/Allergies _____
7. Medical Insurance _____ Policy # _____
8. Request Practice Area: _____ No farther than: _____
9. Play for Coach: _____ Team Name: _____

THIS FORM MUST BE COMPLETED, SIGNED AND SUBMITTED WITH TEAM REGISTRATION FORM.

PLAY SPORTS HAWAII . c/o Cindy Kama . 94-431 Kahulialii St. . Mililani, HI 96789
WEBSITE: WWW.PLAYSPORTSHAWAII.NET EMAIL: PLAYSPORTSHAWAII@GMAIL.COM

Liability Waiver

In consideration of my child/ward being allowed to participate in the Play Sports Hawaii Program, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

Although rules, equipment, training and discipline are designed to avoid any injury, there is risk of injury from the activities involved in this program.

On behalf of my child and for myself, I knowingly and freely assume all such risks, arising out of, related to and resulting from participation in this program, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE of the Play Sports Hawaii Program, it's officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and leasers of premises used to conduct the event ("Releasees") or others, and assume full responsibility for my child/ward participation to the fullest extent of the law.

I willingly agree to comply with the stated and customary terms and conditions of the Play Sports Hawaii Program for my child/ward participation. If, however, I observe any risk of injury or death which is not inherent in the program while my child/ward participates in the program, I will remove my child/ward from participation and bring such to the attention of the nearest official immediately; and,

I, for myself and my child/ward on behalf of our heirs, assigns personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS, the RELEASEES WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss of damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

I give permission for my child to be taken to the nearest medical facility by a Play Sports Hawaii Staff member if my child is injured or shows signs of illness, to be examined and treated by a doctor if a parent, legal guardian or emergency person cannot be reached.

I certify that I have read this Liability Waiver in full, understand the same and have signed it voluntarily and without any duress.

Parent Signature

Date