

HOKENDAUQUA PARK & PLAYGROUND ASSOCIATION - H.P.P.A. (http://www.hokeypark.org)
ATHLETIC PARTICIPATION CONTRACT - BASEBALL/SOFTBALL 2012

Athlete Name: _____ Male: _____ Female: _____

Address: _____ Birth Date: _____

_____ School Grade: _____

Phone numbers: _____ Resident of Whitehall/Coplay School District: Yes: ___ No: ___

Circle Township location: Hokey Cementon Coplay Egypt Fullerton Schadt Stiles West Catty Other: _____

T-SHIRT SIZE: Youth: ___ XSM ___ SM ___ MED ___ LG ___ XLG
(For Uniforms) Adult: ___ XSM ___ SM ___ MED ___ LG ___ XLG

Which school does this athlete attend? _____

Did this athlete play for HPPA in the 2011 Baseball/Softball season? Yes: ___ No: ___

If NO, where did your child play in the 2011 season? _____

Special medical considerations, i.e. allergies, etc.: _____

Parents or Legal Guardian - Please read and sign below.

The parents/legal guardian of the above named participant gives approval to his/her participation in any and all supervised activities during the current season. It is agreed that all equipment issued to the participant must be returned at the end of the HPPA Baseball/Softball season, or upon request, to the HPPA in as good condition as when received by the participant. The parents accept responsibility for the return of all HPPA property or full cash reimbursement equal to the cost of replacing involved equipment. Parents must also reimburse HPPA for any costs associated with collection proceedings, including magistrate, attorney, and processing fees. **Please initial:** _____

The parents assume all risks and hazards incidental to such participation including transportation to and from the activities. The parents do hereby waive, release, absolve, indemnify and agree to hold harmless the Hokendauqua Park and Playground Association (HPPA), its officers, members, coaching staff, participants and persons transporting the participants to and from the activities. **Please initial:** _____

In the event of an injury to the participant, parents are responsible for medical expenses and deductibles to the extent of their medical coverage. Thereafter, the association will provide payment for medical expenses subject to the terms of its policy. Any and all expenses in excess of that amount are the sole responsibility and liability of the parents/legal guardian of the participant. **Please initial:** _____

Parents assume responsibility for full payment of registration fees and fundraisers. **Please initial:** _____

Signature of Parent/Legal Guardian: _____ Date: _____

Print name: _____ Home Phone Number: _____

Occupation: _____ Cell Phone or Work Phone Number: _____

Spouse's Name: _____ Occupation: _____

Medical Insurance name: **REQUIRED** _____

Group and/or Policy numbers: **REQUIRED** _____

PLEASE PRINT LEGIBLY: Your e-mail address: _____

Please volunteer and sign-up to help as coaching staff, special events help, fund raiser help, etc.

H.P.P.A. use only

Registration Paid: _____ # Boxes candy: _____ Candy Paid: _____ Buyout Paid: _____

Check #: _____ Amount: _____ Volunteer Fee: _____ Conduct Form: _____