

Player Information

Player Name _____ Male / Female Date of Birth _____

Home Address _____

City _____ State _____ Zip Code _____

T-Shirt Size: Youth () S () M () L Adult: () S () M () L () XL

Parent/Guardian #1: _____ Volunteer to Coach? Yes / No

Cell Phone _____ Email _____

Parent/Guardian #2: _____ Volunteer to Coach? Yes / No

Cell Phone _____ Email _____

Spring 2019 Programs

() **Basketball: \$110** (Boys/Girls; ages 8-11)
PRACTICE NIGHT AVAILABILITY
() Mon () Tues () Wed () Thurs

() **Tennis: \$110** (Boys/Girls; ages 8-11)
PRACTICE NIGHT AVAILABILITY
() Tues () Thurs

\$10 Early Bird Discount if received by 1/31/19

\$10 Sibling Discount

\$25 Coaches Discount

Total Amount Owed:

Make checks payable to **AACS** and mail to:
Eagle Leagues
109 Burns Crossing Road
Severn, MD 21144

Medical Release:

I certify that this player is in good health and know of no physical conditions, which by participation, would endanger the player's health. Consent is given, in the event of illness or injury, for administration of reasonable and prudent first-aid, emergency or professional medical care. I am responsible for payment of any medical charges or expenses not covered by my insurance or the insurance applicable to my child (if any).

Authorization and Release of Liability:

I hereby release, discharge, hold harmless and indemnify, and covenant not to sue, the Annapolis Area Christian School Association, Inc.(AACS), its employees or other persons affiliated with the league, from injuries or illnesses sustained as a participant or while traveling to/from a game. I understand that participating in sport involves the risk of serious bodily injury, including but not limited to accidents, falls, strenuous and prolonged physical activity, dehydration, illness, collision or the actions of other participants, weather related injuries, and the conditions of or objects on or around the playing area. Permission is hereby granted for photographs and videos to be taken of my child and authorization is granted to AACS to use these photographs and videos for promotional and instructional materials including the website.

I fully agree to all these statements, and that all legal guardians are aware and consensual with the participation of the above-named child.

Parent/Guardian Signature _____ Date _____