

Registration Form

Name of All-Star: _____ Team: _____

Name of All-Star: _____ Team: _____

Mother's/Guardian #1 information

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: Home: _____ Cell: _____

E-mail Address: _____

Father's/Guardian #2 Information:

Name: _____

Phone: Home: _____ Cell: _____

E-mail Address: _____

The above information will be provided to the ASAF Board.

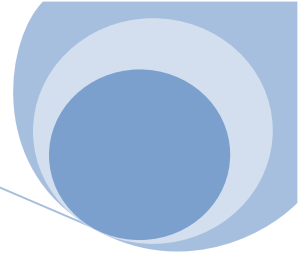
Are you interested in participating in Event Fundraising? _____ YES _____ NO

Are you interested in participating in Product Fundraisers? _____ YES _____ NO

.....
Membership Fee Paid: _____ Cash

Handbook Given: _____

Rules & Regulations signed: _____



RELEASE, WAIVER, AND INDEMNITY AGREEMENT

This Release, Waiver, and Indemnity Agreement (“Release “) is executed by parent/guardian _____
(Referred to as “Release”) on _____, 20__ in, Florida.

In consideration of being permitted to participate in All Star Athletics Foundation (referred to as “ASAF”) activities and/or my child/ward being permitted to be a member of the ASAF, Releaser for himself/herself and his/her personal representatives , heirs and next of kin, releases, waives, discharges and covenants not to sue the ASAF, its officers, and/or member and their personal representatives heirs and next of kin)all referred to as “Releasees”), for all liability to Releaser, his/her personal representatives, assigns, heirs and next of kin for any and all claim, loss, action or right of action of whatsoever kind or nature either in law or equity, or damage on account of bodily or personal injury, death, and/or property damage, whether caused by the negligence of Releasees or otherwise while Releaser and or Releaser’s child/ward is participating in any Foundation Activity.

Releaser agrees to indemnify the Releasees from any loss, liability, damage or cost, including reasonable attorney fees, Releasees my incur due to the participation by Releaser and/or Releaser’s child/warn in any ASAF activity, whether caused by the negligence of Releasees or otherwise.

Releaser assumes full responsibility of and risk of bodily injury, death, and/or property damage due to negligence of Releasees or otherwise while Releaser and/or Releaser’s child/ward is participating in any Booster’s activity.

Releaser agrees that this Release is intended to be as broad and inclusive as permitted by the law of the State of Florida and that if any portion of the Release or held invalid, it is agreed the balance will, notwithstanding, continue in full legal force and effect.

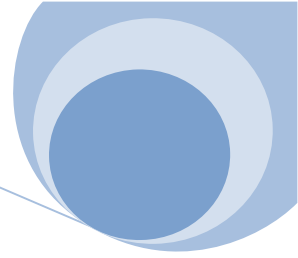
Releaser states that he/she carefully has read this Release, knows the contents of it, and signs this Agreement as his/her own free act.

This Release contains the entire agreement between the parties to this Release and the terms of the Release and contractual and not a mere recital.

Child’s/ward’s name: _____ Team: _____

Parent’s/guardian’s name: _____ Date: _____

Parent’s/guardian’s signature: _____



Guidelines

- Fundraised money is mainly for the sole purpose to offset the following costs:

Primary Cost:

Monthly Tuition which includes
Coaches Fees
Camp Fees
Training Classes
Competition Fees
Uniform Costs
Practice Clothing
Sport Specific Footwear
Anything mandated by the athletic organization

What is covered with exception waivers & confirmation of expenses with verifiable receipts:

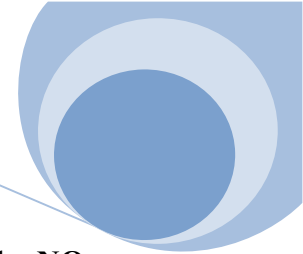
Hotels
Airline Tickets
Chartered Buses
Additional Spirit Wear
.

Parent/Guardian initials: _____

Other Key Points

- ASAF **can only write a check to a AFTER** the exception waiver has been signed & confirmation/receipts have been provided.
 - Should any member refuse to sign the exception waiver and/or fail to provide confirmations & receipts, they will be relegated to only have their primary costs covered. There are no exceptions to this rule.
- At the end of the season, all remaining funds will roll over to the next season, if the athlete is returning. If the athlete does not return, the remaining funds are forfeited to the General Fund for donation.
- Keep in mind ASAF Inc. cannot and will not issue a refund for funds paid to the members respective organization.
- Statements are distributed at the beginning of each month. You have 30 days to dispute statement accuracy. Discrepancies reported late (more than 30 days after receipt of the statement) will not be considered

Parent/Guardian initials: _____



As with any other requests, appropriate documentation must be completed with receipts attached – **NO EXCEPTIONS**

Parent/Guardian initials: _____

Personal Payments

I understand that if I make a payment to the ASAF with a personal check and the check is returned due to insufficient funds, then future payment using a personal check will no longer be accepted by the ASAF. The only acceptable method for future payment will be cash, money order, or cashier check.

Make checks out to All Star Athletic Foundation. If you make a payment to the ASAF with a personal check and the check is returned due to insufficient funds, then future payment using a personal check will no longer be accepted by the ASAF. The only acceptable method for future payment will be cash, money order, or cashier’s check. We will follow Florida’s guidelines on collections on a bad check. The state of Florida allows a service charge of \$25 for checks of \$50 or less, \$30 for checks over \$50 up to \$300 and \$40 for checks over \$300. Receivers may charge 5 percent of the value of the check or the set fees, whichever amount is greater.

The fee and the original amount must be paid within two weeks of notice from the Treasurer.

Parent/Guardian initials: _____

I understand that if I volunteer for a working function and do not show or call, I will be assessed a \$25 fee.

Parent/Guardian initials: _____

I _____ have received an ASAF handbook. I understand the policies written in the handbook. I have read and understand the Guidelines.

Parent/Guardian Signature

Date

All-Star’s Name(s) (please print)