

PHILLS SPORTS ACADEMY (PSA)-LADY BALLERS

2022 SPRING/SUMMER

NO REFUNDS AFTER SEASON STARTS. TOURNAMENTS/RENTALS PAID IN ADVANCE

Player's Name: (Please print) _____

Age: _____ Date of birth: ____/____/____ Male ____ Female ____

Home Address: _____

Grade in Sept 2022 _____

School _____

Uniform size (circle one) : Adult : ` S M L XL 2XL Not Required

PSA Eligibility Statement

Parent Volunteers

All families are required to volunteer with the program! Please select your volunteer option below. Leaving it blank voids registration and players will not be allowed to participate in any activities until it's completed. Coaches should not have to be concerned with forfeiting games due to lack of parent volunteers. Though not preferred, because involved families help drive the success of your player, parents MUST add an extra \$50 to their membership fee at time of registration if, for whatever reason, the family can not work the scorers table. PSA will then do its best to hire someone to work the scorers table even if it's another coach. Each family should be prepared to volunteer twice.

Score Book _____ Score Clock _____ \$50 (Not Preferred) _____

2022 Spring/Summer/Registration Fees

Middle - High School - \$700.00

Scorers Table Exclusion fee **ADD** - \$50.00 (Not Preferred)

Registration Discounts:

If you qualify, please include these discounts in your payment.

If you are registering 2 or more players, There will be a \$25 discount per player.

Registration Instructions:

Registration is due 24 hours after receiving selection notification. Two (2) part payment plans can be arranged. First payment must be received 48 hours after notification. Final payment must be received two (2) weeks after initial payment or before second (2nd) tournament games. Whichever comes first.

Date Received: _____

Amount Paid: _____

Check #: _____

PSA Ballers HEALTH HISTORY FORM Spring/Summer 2022

Player's Name: _____ Age: _____ Date of Birth: ____/____/____
Address: _____ City: _____ Zip: _____
1st Phone: _____ 2nd Phone: _____
Grade in September 2022: _____

Health History: Please list any medical conditions that might at times affect your player from participating in this program. Please include any medications currently taken by your child on a regular basis. If your child has a condition affecting their participation in the program, your physician must provide written authorization indicating approval of their participation.

Emergency Contact: (If parent is not available)
#: _____
Name: _____ Relationship _____

Any allergies or special needs/concerns/dietary restrictions, health concerns:

Any medications (prescription and/or non prescription) currently taking—include dosage:

Release Statement: I give permission for my child to be transported in a privately owned vehicle or emergency transportation for medical emergencies and/or for the release of medical records to an attending health care professional in case of injury or illness. I understand that every effort will be made to contact the parent or guardian. If one cannot be contacted, I hereby give permission for a qualified physician to secure proper treatment for my child.

I certify that my player is in good physical health and has no limitations other than those I have listed, which may predispose him/her to risk during the program.

My signature confirms that I have read PSA's philosophy and I give my permission for my player to participate in the program and for PSA's staff to have a copy in his/her records. I hereby release Phills Sports Academy and all of its affiliated entities, including its employees and volunteers, from any and all liability for any damages suffered as a result of or relating to my child's participation in the PSA program. PSA is not responsible for loss or theft of personal or team articles.

Parent Signature _____ Date: _____

Phills Sports Academy – Media Release

I give permission for phills Sports Academy to make use of pictures of my son/daughter for informational/advertising purposes only. Please check one of the following boxes:

- In conjunction with the photographs, slide, audiotape or videotape, I also give my permission for Phills Sports Academy to identify the person(s) either verbally or in writing.
- I request no identifiable information pertaining to the above-named person(s) be used in conjunction with the photograph, slide, audiotape or videotape.

It is my understanding that this photograph, slide, audiotape, videotape or verbal written material will be used for Phills Sports Academy public relations purposes.

I hereby release Phills Sports Academy and all of its affiliated entities, including its employees and volunteers, for any and all liability for any damages suffered as a result of or relating to the use of any photographs, slide, audiotape, or videotape of my child done in accordance with the foregoing.

Parent Signature: _____ Date: _____

