



ADVANCED SPORTS MANAGEMENT, INC. REGISTRATION FORM

ATTITUDE	CHARACTER	TEAMWORK
ASL \$185.00 _____	ACS \$225.00 _____	AST \$400.00 _____
ASA \$50.00 _____	ASC \$25.00 _____	Early Bird Discount _____

ASM, Inc. Use Only (Initial when Checked)							
BC _____	ROL _____	VA _____	OR _____	RT _____	Sib _____	ASM _____	

Players Information

Name			
Address			
Address 2			
City / State / Zip			

Birth / Gender	M	_____	F	_____
Sizes	Shirt/Top _____ Shorts _____ Skirt _____			
Name / Number				
Sports Exp	Y _____ N _____ Sport? _____			

Parent #1 Information

Name			
Address			
Address 2			
City / State / Zip			
Phone			
Email			
Volunteer?	_____	Fill out "Volunteer Application"	

Parent #2 Information

Name			
Address			
Address 2			
City / State / Zip			
Phone			
Email			
Volunteer?	_____	Fill out "Volunteer Application"	

Medical Information

911 Contact	
Insurance	

Phone	
Policy #	

Disclaimers

Sideline Help	Home team must supply one ADULT volunteer to work the down marker (ASL Only)	_____
Fundraiser	You will commit to seasonal fundraiser of \$30.00 or pay a \$15.00 buyout	B/O _____
Pictures / Video	You give full consent to allow ASM, Inc. to use any and all pictures or videos taken	_____
Code of Conduct	No Drinking, No Smoking & No Fighting! Family Environment (Handout at Registration)	_____



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CHARACTER

TEAMWORK

Volunteer Application (ASL & ACS)

(Head coaches must complete ASM, Inc. Philosophy of Coaching course)

Head Coach	<input type="checkbox"/>	You agree to a background check and will be in charge of the team (10 Max) It is your job to rotate players for equal playing time. You are the point of contact for the league and only person allowed to discuss a call made by the refs. You will conduct yourself in a professional manner. (\$35.00 Discount)
Coach	<input type="checkbox"/>	You agree to make every effort to be at games and practices to assist the head coach in all areas that he or she asks you to help. You will help keep unauthorized personal off the sidelines during games, don't make the head coach worry about this. You will conduct yourself in a professional manner.
Team Parent	<input type="checkbox"/>	You will assist the head coach in collecting funds for fundraisers and setting up snack schedule and volunteer helpers for sideline help. You will be the point person for the team party at the end of the year. Your job is to control your parents and make sure the kids have great experience!
Concessions	<input type="checkbox"/>	You agree to work the concessions stand at least one day of the season, you will get relief to watch your players game. At end of day you will place order to replenish what was sold. ASM, Inc. will stock concessions each week as needed. Everything will be entered in the POS system for tracking.
Field Crew	<input type="checkbox"/>	You will assist ASM, Inc. with the set up fields prior to the first games of the day. You will assist with sign placement and trash / recycling bin placement. You may be asked to help break down the fields at end of the day if your player has late game that week.
Field Marshall	<input type="checkbox"/>	You will be assigned a Field during games to assist ASM, Inc. with control of crowds including enforcing league / event rules to keep this a safe and family friendly league / event. You will not remove or mistreat any guest, but rather call ASM, Inc. to handle situation, after informing guest of violation.
	<input type="checkbox"/>	

Signature _____ Date _____

Sponsorship Opportunities (Semi Annual Basis)

Red - \$1200	Sponsorship of awards , Black Package included
Black - \$600	Customized Field Banner 36" X 48" , White Package included
White - \$300	Company Logo and contact on ASM, Inc.'s website, Sign at events, Acknowledgement Plaque

Donation Opportunities

As we work towards our 501(c)3 status we have partnered with a another Non-Profit organization to handle all our donations. All donations will go towards the development of programs for the leagues and clinics we provide. Our hope at ASM, Inc. is to form scholarships for registration and equipment for kids that would otherwise not have the chance to play these sports.

Make Check out to: Kingdom Development Tax ID#: 32-0483333 Amount: _____ Contact Justin Stortz @ 951-847-6281



ADVANCED SPORTS MANAGEMENT, INC.

MINOR WAIVER / RELEASE

RELEASE OF LIABILITY FOR MINOR PARTICIPANTS

READ BEFORE SIGNING

IN CONSIDERATION OF _____ Name Of Minor Child / Ward _____ my child/ward, being allowed to participate in any way Sports related events and activities, the undersigned acknowledges, appreciates, and agrees that: Advanced Sports Management, Inc. and or Advanced Flag League

The risk of injury to my child/ward from the activities involved in these programs is significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,

I FOR MYSELF, SPOUSE, AND CHILD/WARD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my child/ward’s participation; and,

I willingly agree to comply with the program’s stated and customary terms and conditions for participation. If I observe any unusual significant concern in my child/ward’s readiness for participation and/or in the program itself, I will remove my child/ward from the participation and bring such attention of the nearest official immediately; and,

I for myself, my spouse, my child/ward, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Advanced Sports Management, Inc and or Advanced Flag League; its directors, officers, officials, agents, employees, volunteers, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event (“Releasees”), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to my child/ward’s involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I, for myself, my spouse, my child’s/ward, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releasees from any and all liabilities incident to my child’s/ward involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

(PARENT/GUARDIAN SIGNATURE)

(PRINT NAME)

Date Signed: _____

UNDERSTANDING OF RISK

I understand the seriousness of the risks involved in participating in this program, my personal responsibilities for adhering to rules and regulation, and accept them as a participant.

(PARTICIPANT SIGNATURE)

(PRINT NAME)

Date Signed: _____