



2019 HUSTL Soccer Registration Form

Please Print Legibly

Parent's name(s): _____

Street Address: _____

City, State: _____ Zip Code: _____

Dad's phone: (____) _____ Mom's phone: (____) _____

E-mail address: _____

This will be the primary means of communication

Church you attend (optional): _____

PLEASE INCLUDE

- Payment
- Registration
- Medical
- Birth Certificate

Yes

No

If our team is eligible, will your children plan to attend the Indiana State Tournament on October 11 and 12, 2019. The state tournament host may require a fee of around \$30 per player to attend the tournament. Details pending.

PLAYER'S NAME	BIRTHDAY	AGE	GRADE	JERSEY SIZE	SHORTS SIZE
	/ /				
	/ /				
	/ /				
	/ /				

NOTE: Registration is not complete until medical release and parental obligation forms are filled out and submitted. Also please include a copy of your child's/children's birth certificate(s) with this form.

All fees must be paid in full before your athlete can start practice.

Please make checks payable to: HUSTL, Inc.

Send registration forms and fee to: Tammi Cragun, HUSTL Treasurer tammi@hustlathletics.org HUSTL, INC., PO Box 311 Frankfort, IN 46041

PARENTS...

- I hereby certify that my child is in normal health and capable of safe participation in HUSTL Athletics. I assume all risk(s) and hazards incidental to the conduct of this program and will provide for transportation to and from the program. I hereby authorize HUSTL to obtain medical treatment for my child in the event that parent(s) and the emergency contact cannot be reached.
- I support the HUSTL Athletics philosophy, which is based on Christian principles, positive competition, and leadership.
- I give permission for my child to be photographed or videotaped for in house use, website, newspaper, television, or any other form of media.

Parent's Signature: _____ Today's Date: _____

I would be interested in being a volunteer coach for HUSTL Soccer - Please call me (____) _____

Homeschool Unified Sports Teams of Lafayette (HUSTL)

Consent for medical/surgical care/emergency treatment and child's medical information

I, the undersigned parent or legal guardian of _____,
(child's/children's name(s))

a minor(s), hereby give my consent for emergency medical care prescribed by a duly licensed doctor of medicine and/or doctor of dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of the above-named dependent(s).

Parent's Signature: _____ Today's Date: _____

CHILD'S/CHILDREN'S MEDICAL INFORMATION

Child's Name	Birthdate	Date of last tetanus shot	Allergies	Current medications	Other pertinent info

Family physician: _____ Phone: (_____) _____

Insurance company: _____ Policy number: _____

Permission to administer nonprescription painkillers

I grant permission to team coaches and other authorized personnel to administer nonprescription painkiller, such as Tylenol, to the child/children listed above at games and practices when such use is deemed appropriate. Furthermore, I absolve said coaches and personnel, and Homeschool Unified Sports Teams of Lafayette, from liability stemming from any and all administration of those nonprescription medications. (Sign and date below)

Parent's Signature: _____ Today's Date: _____