



2019 HUSTL Volleyball 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

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 child/children 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: _____