

2024 HEA-AA VOLLEYBALL REGISTRATION

STUDENT 1 _____ Grade: _____ Date of Birth: _____ Sex: M / F
STUDENT 2 _____ Grade: _____ Date of Birth: _____ Sex: M / F
STUDENT 3 _____ Grade: _____ Date of Birth: _____ Sex: M / F
STUDENT 4 _____ Grade: _____ Date of Birth: _____ Sex: M / F
STUDENT 5 _____ Grade: _____ Date of Birth: _____ Sex: M / F

Parent/Guardian: _____

ADDRESS: _____

PHONE: _____ E-MAIL _____

Note: Athletic teams designated as "Girls/Female" shall not be open to students of the male sex. Athletic teams designated as "Boys/Male" shall not be open to students of the female sex. By signing this form, the parent or guardian is affirming their child is applying to play for the team that matches the biological sex the child was born with.

Does the participant have any physical problems or medications that coaches should be aware of?

No / Yes (explain) _____

CONSENT TO MEDICAL CARE

I/We _____ and/or _____ the parent/guardian of the
(Parent/Guardian name) (Parent/Guardian name)

above-named child(ren) on this form, do hereby certify that he/she is in good physical condition and has no physical or psychological condition that would hinder his/her participation in organized athletics, **I have a copy of the HEA-AA Handbook and agree to abide by those rules.** I understand that by signing this form I am authorizing my child to participate in the HEA-AA athletic program, in which there is always the possibility of injury, and releasing all coaches and board members from any liability that may occur as a result of such injury. Purchase of medical insurance through HEA-AA is a requirement and will be included in the participation fee. We have included with this registration a copy of the required Sports Physical for the above athlete(s). If no sports physical form is attached, my signature below constitutes a waiver of the sports physical requirement. I also authorize medical treatment as necessary.

(Parent/Guardian Signature)

(Date)

(Insured Place of Employment)

(Phone)

(Phone)

Insurance Information: Provider: _____

Group Number: _____

Policy Number: _____

Contact Name: _____

Telephone Number: _____

The HEA-AA athletic program is designed for young people age 5th grade thru Senior High.

Note: Use a separate form when separate student insurance is required.

The registration fee per child is \$150, with a maximum of \$525 per family. Please make checks payable to HEA-AA.

Return form and payment to: Bob Graham
PO Box 826
Moundridge, KS 67107

PARENT/GUARDIAN SIGNATURE _____ DATE _____