

# Indianapolis Gaelic Athletic Association Youth Registration Form 2012



**PLAYER INFORMATION:**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
 Gender \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_ Country of Birth \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_ Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_  
 Email Address \_\_\_\_\_

*As a member of the Indianapolis Gaelic Athletic Association, I have read and agree to abide by the Code of Behavior.*

Signed \_\_\_\_\_ Date \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION:**

Name (Father/Guardian) \_\_\_\_\_  
 Email Address \_\_\_\_\_ Phone #(s) \_\_\_\_\_  
 Name (Mother) \_\_\_\_\_  
 Email Address \_\_\_\_\_ Phone #(s) \_\_\_\_\_

May we contact you about volunteer opportunities? \_\_\_\_\_

*As a Parent/Guardian of my child, I give permission for \_\_\_\_\_ to participate in the Indianapolis Gaelic Athletic Association youth program including games, training and related activities in the club. I also have read and agree to abide by the Code of Behavior.*

Signed \_\_\_\_\_ Date \_\_\_\_\_

**PHOTOGRAPHY AND ELECTRONIC MEDIA RELEASE:**

*Pictures may be taken of my child while participating in club activities and may be used for program publicity. I hereby grant the Indianapolis Gaelic Athletic Association permission to use my child's likeness in photos to be used in any and all of its publications in print, electronic or otherwise, now or in the future. I will make no monetary claim against the Indianapolis GAA for the use of such photos.*

Signed \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:**

Is the above named youth player covered by health insurance? YES NO  
 In case of emergency, please contact: \_\_\_\_\_ Phone \_\_\_\_\_  
 Emergency contact's relation to participant: \_\_\_\_\_  
 List any medical conditions for the player: \_\_\_\_\_

**PICK-UP LIST:**

*List below the name and phone number of those authorized to pick up your child. If ID is required, please note this. Players will not be released to anyone not on the list. To add or remove someone, notify the club's Childrens Officer ahead of time. NAME/PHONE/Photo ID Req? (Y/N)*

*OPT-OUT: Parents/Guardians may opt-out. (such as for high school players who drive themselves). Players will still be required to notify their coach at the end of the practice, game or event he/she is leaving but at that time, parents/guardians are responsible while the Indianapolis GAA will not be responsible. Please sign below if you are opting out.*

Signed \_\_\_\_\_

**GENERAL INFORMATION:**

School \_\_\_\_\_ Grade \_\_\_\_\_  
 Other sports played/season \_\_\_\_\_  
 Planning to travel to Continental Youth Championships in Chicago July 25th through July 29th? \_\_\_\_\_

**2012 FEES:**

Annual Membership (req.) \$25 \_\_\_\_\_  
 Spring Session 1 \$10 \_\_\_\_\_  
 Summer Session 2 \$10 \_\_\_\_\_  
 Fall Session 3 \$10 \_\_\_\_\_  
 All 3 Sessions (1, 2, 3) \$25 \_\_\_\_\_  
 Total Paid \_\_\_\_\_

**FOR CLUB REGISTRAR USE:**

SPORT	_____
DIVISION	_____
TEAM	_____
PAID	_____
FIRST YEAR / SINCE	_____
SUBMITTED TO GAA	_____

**INDIANAPOLIS GAELIC ATHLETIC ASSOCIATION  
(INDIANAPOLIS HURLING CLUB)**

**WAIVER AND RELEASE FROM LIABILITY AND ASSUMPTION OF RISK**

(Minor Form – For participants under 18 years of age)

\* READ BEFORE SIGNING \*

IN CONSIDERATION of my child or ward's participation in the INDIANAPOLIS HURLING CLUB and related activities and events, I HEREBY WAIVE AND RELEASE, indemnify, hold harmless and forever discharge the INDIANAPOLIS HURLING CLUB ("Club") and its members, agents, employees, emergency volunteers, officers, directors, affiliates, successors and assigns (such parties together with the Club being collectively referred to as the "Released Parties"), from any and all claims, demands, debts, contracts, expenses, causes of action, lawsuits, damages and liabilities, of any kind and nature, whether known or unknown, in law or equity, that I, my child or my ward have or may have, arising from or in any way related to my, my child's or my ward's voluntary participation in the sport of hurling or the Club's related programs, activities and events, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASED PARTIES; provided, however, that this waiver of liability does not apply to acts of intentional misconduct. I understand and agree that:

1. The risk of injury from activities involved in the sport of hurling is significant, including the potential for permanent injury, paralysis, death and damage to personal property, and while particular skills, equipment, and personal discipline may reduce these risks, the risk of serious injury does exist; and
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASED PARTIES or others, and I ASSUME FULL RESPONSIBILITY for my, my child's or my ward's participation; and
3. I agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual, significant hazard during my, my child's or my ward's presence or participation, I will remove myself, my child or my ward from participation and bring such to the attention of the Club; and
4. I certify that I, my child or my ward HAVE NO HEALTH RELATED CONDITIONS, such as HEART PROBLEMS, PREGNANCY, BROKEN BONES, RECENT SURGERY OR ILLNESS, BALANCE DISORDERS, EPILEPSY, NECK INJURY or any other physical or mental condition that would prevent me, my child or my ward from safely participating in this activity; and
5. If injury occurs in connection with the event, I agree that anyone who provides medical assistance to me, my child or my ward shall not be liable if they increase the injury or cause additional injury or death; and
6. The Club requires the use of a helmet with a full facemask. I understand that the use of such helmet may reduce the likelihood of injuries. Likewise, a full facemask may further reduce the risk of injury. I acknowledge the requirement of a helmet with a full facemask for my child or ward.

Any questions I had have been asked and answered to my complete satisfaction. I understand the risks of participation in this activity.

I HAVE READ, UNDERSTAND, AND FULLY AGREE TO THE TERMS OF THIS WAIVER AND RELEASE. I UNDERSTAND AND CONFIRM THAT BY SIGNING THIS WAIVER AND RELEASE THAT I HAVE GIVEN UP SUBSTANTIAL FUTURE LEGAL RIGHTS, AND MY SIGNATURE IS PROOF OF MY INTENTION TO EXECUTE A COMPLETE AND UNCONDITIONAL WAIVER AND RELEASE OF ALL LIABILITY TO THE FULL EXTENT OF THE LAW. I AM SIGNING THIS WAIVER AND RELEASE FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, AND UNDER NO DURESS OR THREAT OF DURESS.

I hereby grant permission for my child or ward to participate in Club-related activities and events.

Date \_\_\_\_\_

Guardian's Name (Print) \_\_\_\_\_ Signature \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Child's Name \_\_\_\_\_ Age \_\_\_\_\_

Child's Signature \_\_\_\_\_