



HSA use only!  
 Cash or Check  
 Document # \_\_\_\_\_  
 Amount: \_\_\_\_\_  
 HSA Rep: \_\_\_\_\_

## Spring 2016 FLAG FOOTBALL REGISTRATION FORM

**Season Runs from February 21st till April 17. Games are on Sundays**

**Please Fill Out Completely & Attach Birth Certificate & Parent Code of Conduct Forms!**

Players Name (Last, First, MI): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Birth date: \_\_\_\_\_ Sex (Circle): male or female Jersey Size (Circle): YS \* YM \* YL \* YXL \* AM \* AL \* AXL \* AXXL

Age Division (Please Circle): Menehune (K to 1<sup>st</sup> grade) \* Imua (2<sup>nd</sup> to 3<sup>rd</sup> grade) \* Ikaika (4<sup>th</sup> to 5<sup>th</sup> grade) \* Ali'i (6<sup>th</sup>, 7<sup>th</sup>, 8<sup>th</sup> Grade) Players are allowed to play up. Players are allowed to play in more than one division but are not allowed to play on two different teams in the same division. Players are never allowed to play down.

Parents/Legal Guardian: (Father) \_\_\_\_\_ Phone: \_\_\_\_\_

Parents/Legal Guardian: (Mother) \_\_\_\_\_ Phone: \_\_\_\_\_

Email address (Father and Mother): (F) \_\_\_\_\_ (M) \_\_\_\_\_

Grade: \_\_\_\_\_ School: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

Medical Conditions/Allergies: \_\_\_\_\_

Medical Insurance Carrier: \_\_\_\_\_ Policy # \_\_\_\_\_

Doctors Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Player Status (Please Circle) Returning player or New Player

If returning what team are you returning to: \_\_\_\_\_

For new players do you have a Preferred Team, Location or Coach: \_\_\_\_\_

**Registration Fee: \$90.**

**PLEASE MAKE CHECK PAYABLE TO: HAWAII SPORTS ACADEMY P.O. Box 894263..Mililani, HI 96789**

**SPORT PARTICIPANT RELEASE OF LIABILITY, WAIVER OF CLAIMS, EXPRESS ASSUMPTION OF RISK AND**

**INDEMNITY AGREEMENT.**

*Please read and be certain you understand the implications of signing. Express Assumption of Risk Associated with Sport, Venue Use and Related Activities.*

I do hereby affirm and acknowledge that I have been fully informed of the inherent hazards and risks associated with transportation of equipment related to the activities, and travelling to and from activity sites in which I am about to engage. **Inherent hazards and risks include but are not limited to:**

1. Risk of injury from the activity and equipment utilized is significant including the potential for broken bones, severe injuries to the head, neck, and back or other bodily injuries that my result in permanent disability and death. 2. Possible equipment failure and/or malfunction or misuse of my own or others' equipment. 3. I AGREE THAT I WILL WEAR APPROVED PROTECTIVE GEAR AS DECREED BY THE GOVERNING BODY OF THE SPORT I AM PARTICIPATING IN. However, protective gear cannot guarantee the participant's safety.

4. Variation and/or steepness of terrain, variation or changes in surfaces including but not limited to snow surfaces, ice, bare spots, rocks, stumps, debris, cliffs, trees, fences, posts, trees, light poles, signs, buildings, roads, walkways, ramps, rails, stairs, pyramids, manual pads, bowls, half-pipes, jumps, padded and non-padded barriers,

Other persons and other natural and man-made hazards. 5. My own negligence and/or the negligence of others, including but not limited to operator error and guide decision

Making including misjudging terrain, weather, riding surfaces or other obstacles. 6. Exposure to the elements and temperature extremes may result if frost nip, frost bite, heat exhaustion, heatstroke, sunburn, hypothermia and dehydration. 7. Dangers associated with exposure to natural elements include but are not limited to avalanche, rock fall,

Inclement weather, thunder and lightning, severe and or varied wind, temperature and other weather conditions. 8. Accidents or illness occurring in remote places where there is no available medical facilities. 9. Fatigue, exhaustion, chill, and/or dizziness, which may diminish my/our reaction time and increase the risk of accident.

10. Impact or collision with other athletes, spectators, facility employees, pedestrians, motor vehicles, and cyclists. **\*I understand the description of these risks is not complete and unknown or unanticipated risks may result in injury, illness, or death. Release of Liability, Waiver of Claims and Indemnity Agreement** In consideration for being

permitted to participate in the above described activity(ies) and related activities, I hereby agree, acknowledge and appreciate that: **1. I HEREBY RELEASE AND HOLD HARMLESS WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH,** or loss or damage to person or property, **WHETHER CAUSED BY**

**NEGLIGENCE OR OTHERWISE,** the following named persons or entities, herein referred to as releases HAWAII SPORTS ACADEMY, NFL FLAG FOOTBALL, USA FOOTBALL and its entities. 2. To release the releases, their officers, directors, employees, representatives, agents, and volunteers from liability and responsibility whatsoever and for any claims or

causes of action that I, my estate, heirs, survivors, executors, or assigns may have for personal injury, property damage, or wrongful death arising from the above activities whether caused by active or passive negligence of the releases or otherwise. By executing this document, I agree to hold the releases harmless and indemnify them in conjunction with any injury,

disability, death, or loss or damage to person or property that may occur as a result of my engaging in the above activities. 3. By entering into this Agreement, I am not relying on any oral or written representation or statements made by the releases, other than what is set forth in this Agreement. 4. This agreement shall apply to any and all injury, disability, death, or loss or damage to person or property occurring at any time after the execution of this agreement. 5. I understand the all events may be photographed, videotaped or otherwise recorded. I agree

to let the above parties use my name, photo and demographic information free of charge and in any manner and for any purpose in any media now know or hereafter created. This release shall be binding to the fullest extent permitted by law. If any provision of this release is found to be unenforceable, the remaining terms shall be enforceable.

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, I FULLY UNDERSTAND ITS TERMS, I UNDERSTAND**

**THAT I HAVE GIVEN UP LEGAL RIGHTS BY SIGNING IT, AND I SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

# Hawaii Sports Academy

## Parental Code of Conduct

The mission of Hawaii Sports Academy is to develop confidence, self esteem, and sportsmanship through the performance of recreational team sports, while promoting physical and moral character development to all participants. To ensure the appropriate atmosphere for these activities, the organization has adopted a zero tolerance policy in the enforcement of the Hawaii Sports Academy Flag Football Parent's Code of Conduct.

### **Please check off box as you read.**

- I hereby pledge to provide positive support, care and encouragement for my child participating in Hawaii Sports Academy by following this Parents' Code of Ethics.
- I (and my guests) will encourage good sportsmanship by demonstrating positive support for all players, coaches, and officials at every game, practice or other HSA event.
- I (and my guests) will not engage in any kind of unsportsmanlike conduct with any official, coach, player, or parent such as booing and taunting; refusing to shake hands; or using profane language or gestures.
- I will place the emotional and physical well being of my child ahead of my personal desire to win.
- I will never ridicule or yell at my child or other participant for making a mistake of losing a competition.
- I will insist that my child play in a safe and healthy environment.
- I will require that my child's coach be trained in the responsibilities of being a HSA coach and that the coach upholds the Coaches' Code of Conduct.
- I will support coaches and officials working with my child, in order to encourage a positive and enjoyable experience for all.
- I will demand a sports environment for my child that is free from drugs, tobacco and alcohol and will refrain from their use at all HSA events.
- I will remember that the game is for youth - not adults.
- I will do my very best to make youth sports fun for my child. I will ask my child to treat other players, coaches, fans and officials with respect regardless of race, sex, creed or ability.
- I will help my child enjoy the HSA experience by doing whatever I can, such as being a respectful fan, assisting with coaching, or providing transportation.
- I do understand that I will abide by the above Code of Conduct, if I do not live up to the Parents' Code of Conduct, I will be subject to disciplinary action that could include, but is not limited to the following:  
**verbal warning by official, coach, or a HSA director; ejection from gym or field; parental game suspension, game forfeit; or season suspension with no refund of fees.**

**Any acts of Violence or Threats of Violence will lead to a lifetime ban from Hawaii Sports Academy.**

Players Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_