

FULLERTON MEMORIAL PLAYGROUND ATHLETIC ASSOCIATION

ATHLETIC CONTRACT

I HEREBY AGREE TO PARTICIPATE WITH THE FULLERTON ATHLETIC ASSOCIATION TEAM OF THE _____ LEAGUE FOR THE SEASON OF 2006 AND WILL ABIDE BY ALL THE RULES AND REGULATIONS SET UP BY THE TEAM MANAGERS/COACHES AS SET UP BY THE FRANCHISE PAPERS SIGNED BY THE TEAM REPRESENTATIVE.

ATHLETE'S NAME _____ AGE _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER _____ BIRTHDATE _____ GRADE _____

I/WE THE PARENT(S) OF THE ABOVE NAMED CANDIDATE FOR A POSITION ON THE ATHLETIC TEAM, HEREBY GIVE MY/OUR APPROVAL FOR OUR ATHLETE'S PARTICIPATION IN ANY AND ALL LEAGUE ACTIVITIES DURING THE CURRENT SEASON.

I/WE ASSUME ALL RISKS AND HAZARDS INCIDENTAL TO SUCH PARTICIPATION INCLUDING TRANSPORTATION TO AND FROM THE ACTIVITIES. I/WE DO HEREBY WAIVE, RELEASE, ABSOLVE, INDEMNIFY AND AGREE TO HOLD HARMLESS THE FULLERTON ATHLETIC ASSOCIATION, THE ORGANIZERS, SPONSORS, SUPERVISORS, DIRECTORS, MEMBERS, PARTICIPANTS AND PERSONS TRANSPORTING MY/OUR CHILD TO OR FROM ACTIVITIES, FOR ANY CLAIM ARISING OUT OF AN INJURY TO MY CHILD, WHETHER DERIVATIVE OR OTHERWISE, EXCEPT TO THE EXTENT AND IN THE AMOUNT COVERED BY THE ACCIDENT OR LIABILITY INSURANCE.

I/WE FURTHER AGREE THAT THIS ACCIDENT OR LIABILITY INSURANCE RENDER PAYMENT ONLY ON THAT PORTION OF THE CLAIM NOT COVERED BY ANY OTHER TYPE OF INSURANCE POLICY IN EFFECT AT THE TIME OF INJURY.

I/WE FURTHER REALIZE AND AGREE THAT THE POLICY HELD BY THE FULLERTON ATHLETIC ASSOCIATION MAY NOT NECESSARILY COVER THE FULL EXTENT OF ALL INJURIES. I/WE WILL FURNISH A CERTIFIED BIRTH CERTIFICATE OF THE ABOVE NAMED CANDIDATE UPON REQUEST OF THE LEAGUE OFFICIALS.

I/WE TO RETURN UPON REQUEST THE UNIFORM AND ANY OTHER EQUIPMENT ISSUED TO MY/OUR ATHLETE IN AS GOOD A CONDITION AS WHEN RECEIVED EXCEPT FOR NORMAL WEAR AND TEAR.

I/WE DO HEREBY INTEND TO BE LEGALLY BOUND TO THIS AGREEMENT SHALL EXTEND TO AND FIND MY/OUR HEIRES, ADMINISTRATIONS, EXECUTORS AND ASSIGNS. NO REFUNDS WILL BE GIVEN AFTER PRACTICES HAVE STARTED.

DATES SIGNED _____

MOTHERS SIGNATURE _____

FATHERS SIGNATURE _____

GUARDIANS SIGNATURE _____

INSURANCE COMPANY NAME _____ INSURANCE # _____

****THERE WILL BE A \$25.00 FEE ON ANY RETURNED CHECKS****

REGISTRATION FEE: _____ MEMBERSHIP FEE: _____ FUNDRAISER FEE: _____

CHECK #: _____ CASH: _____ TOTAL PAID: _____