

Mail form to
525 N. Main Street, FV
27526 or fax form to
919-552-8968

Fuquay-Varina Athletic Association

Official Registration Form

FALL T-BALL

Write special requests here:

REGISTRATION DEADLINE: **July 18, 2008**
REGISTRATION FEE: **\$65.00** (Make Check payable to FVAA)
There will be a \$20.00 service charge for any returned check
A \$15.00 Service Charge will be applied to all refunds.
A \$10.00 Late Fee for all applications received after the deadline.

MALE or FEMALE

Family e-mail address (optional)

Player's age as of April 30, 2008 is _____
(yes, this may be different from current age) (4 and 5 year olds only)

Player's Last Name First MI Nickname

Parents Last Name First MI

Street Address City Zip

Player's Date of Birth Home Phone Father's Business or cell phone Mother's Business or cell phone

FOR OFFICE USE ONLY

FVAA Membership No. _____

Fee Paid: Yes Check No. _____

Receipt No. _____

Credit Card Authorization _____

Batch # _____

League _____

Player's shirt size - **PLEASE CIRCLE ONE!!**

Youth Sizes YM YL

Adult Sizes AS AM AL

If in doubt on shirt size PLEASE order one size larger!!

Visa or Mastercard Amt. _____

Credit Card Number _____

Expiration Date Month _____ Year _____

Signature _____

VOLUNTEER AND PARTICIPANT WAIVER

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT

- IN CONSIDERATION of being permitted to participate in any Fuquay Varina Athletic Association activity, I and/or my minor child, our personal representatives, assigns, heirs and next of kin:
- ACKNOWLEDGE, agree, and represent that I and/or my minor understand the nature of Fuquay-Varina Athletic Association and that I and/or my minor child are qualified, in good health, and in proper physical condition to participate in such Activity. I further agree that if at any time I believe conditions or equipment to be unsafe, I and /or my minor child will immediately discontinue further participation in the Activity.
- FULLY UNDERSTAND that: (a) FUQUAY VARINA ATHLETIC ASSOCIATION ACTIVITIES INVOLVE RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS AND DEATH ("RISKS"); (b) these Risks and dangers may be caused by me and/or my child's own actions, or inactions, the actions or inactions of others participating in the Activity, the condition in which the Activity takes place, or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; there may be OTHER RISKS AND SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I and/or my minor child incur as a result of my participation in the Activity.
- HEREBY ACCEPT AND ASSUME ALL SUCH RISKS, KNOWN AND UNKNOWN, AND ASSUME ALL RESPONSIBILITY FOR THE LOSSES, COSTS, AND/OR DAMAGES FOLLOWING SUCH INJURY, DISABILITY, PARALYSIS, OR DEATH, EVEN IF CAUSED, IN WHOLE OR IN PART, BY THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW;
- HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE FUQUAY-VARINA ATHLETIC ASSOCIATION, their respective member teams and leagues, their administrators, directors, agents, officers, volunteers, team members and employees, other participants, any sponsors, advertisers, and if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS; AND I FURTHER AGREE that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I and/or my minor child, or anyone on my and/or my minor child's behalf, makes a claim against any of the Releasees, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS EACH OF THE RELEASEES from any litigation expenses, attorney fees, loss, liability, damage, or cost which any may incur as the result of such claim.
- I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

By my/our signature, I/we certify that I/we have read points 1 thru 6.

X _____
Parent(s) / Guardian(s) Signature Date

X _____
Witness Date

X _____
Parent(s) / Guardian(s) Signature Date

Parents are to read then sign and date the agreement on the reverse side of this form

PARENTS ARE REQUIRED TO READ, THEN SIGN AND DATE THIS AGREEMENT.

1. I understand that the FVAA is organized to promote youth athletics and good sportsmanship.
2. I understand that my conduct as a parent will have a definite impact on the youth for whom it is intended, the program, and myself.
3. I pledge to support, cooperate, and work in every way to promote youth athletics in the best interest of the programs and youths involved.
4. I pledge to be respectful to all officials, even in an expression of disagreement.
5. I do agree to adhere to the principles of good sportsmanship and to the rules and regulations defined by the FVAA & all other sport affiliations.
6. I understand that if I display poor sportsmanship, whether during or following a game, I will be subject to partial or permanent program suspension. Unsportsmanlike conduct is defined as, but not limited to the following:
 - a. harassment of participants or officials
 - b. use of profane language and / or gestures
 - c. public threats or physical violence
7. Regulations regarding adult's ejection or suspension will follow the guidelines listed below:
 - a. I understand that if I am asked to leave a game, I will be suspended from attending the next game to be played by my son's / daughter's team.
 - b. I understand that if I am asked to leave a second game during any one season, I will not be allowed to attend all the remaining regular season games and the end of season tournament activities.
 - c. I understand that if I am found under the influence of alcohol or drugs while at a FVAA function, I will not be allowed to attend any preseason activities, all regular season activities, and all end-of-season activities that my son's / daughter's team may be involved in. Alcoholic beverages are not allowed on FVAA facilities.
 - d. I understand that the FVAA Board will review all adult ejections or suspension and may extend any suspension beyond what is stated above as deemed appropriate for the offense.
8. I agree that I will support the FVAA regular and post-season All Tournament team coaches' selection process, and I will not participate in, nor encourage any All Tournament player to play on an alternative team unless given prior approval by the FVAA Board. **This item does not apply to travel tournament teams.**
9. I will not participate in the purchase of uniforms or parts thereof and accept the uniform issued and used by the FVAA. I may, however, purchase white baseball pants, gray softball pants, gray softball shorts, striped baseball socks, cheerleading kick pants, cheerleading competition shoes, soccer shorts and soccer socks. Players' names are not to be added to the back of the game jerseys before or during the playing season. **This item does not apply to travel tournament teams.**
10. I understand that **any** suspension may be appealed by using the following process. The suspended individual (parents, guardians of a player) should submit in writing a detailed account of the incident to the appropriate league commissioner within 48 hours of the incident. The statement should give names of any witnesses that observed the incident. The league commissioner then will perform a preliminary investigation and make a recommendation to the appropriate athletic commission.

I UNDERSTAND THAT FAILURE TO ABIDE BY ALL ITEMS ABOVE COULD RESULT IN SUSPENSION OR DISMISSAL FROM THE FVAA.

Parent or Guardian _____ Date _____

Parent or Guardian _____ Date _____

Please contact me, I am interested in helping in the following position:

Head Coach / Assistant Coach / League Commissioner.
Circle the one that applies