VIRGINIA BEACH MUSTANGS *Sports Club* AAU Spring Tackle Football (2018) Participant Contract

Date Paid	
Amount Pd	
Cash/Check#	

PLEASE PRINT

Child's Last Name	First Name	Middle	
E-Mail Address			
Street Address		City/State	Zip
Phone Number	Child's Age	Child's Date of Birth	Male / Female
# Years in Tackle Football:			
Have a Current Year AAU Identification CARD Yes/No Athlete ID number (Attach a copy of Current Year AAU ID card) Yes/No Athlete ID number			
If no, go to www.aausports.org to join, re-order or re-print AAU cards.			

Proof of AAU current membership is required upon registration.

I/We the parent/guardians of the above named candidate for a position on any of the Virginia Beach Mustangs AAU teams, hereby give My/Our permission to his/her participation in any and all Virginia Beach Mustangs AAU activities. I/We assume all risks and hazards incidental to such participation including transportation to and from such activities, and I/We do hereby waive release, absolve, indemnity and agree to hold harmless the Virginia Beach Mustangs Sports Club, the sponsors, supervisors, participants, volunteers and person(s) transporting My/Our child to and from activities for any claim arising out of injury to My/Our child.

CONDUCT:

Any issues parents/guardians may have, shall be addressed either before or after practices or games. During practices/games your child's coach is in charge. Please refrain from interfering with his/her job. Violators may be banned from practices and games.

NON-REFUNDABLE REGISTRATION FEE:

The registration fee is non-refundable. Please make checks payable to VBMSC

Registration fees are as follows: \$75.00	AAU Spring Tackle Football
\$50.00	AAU Spring Tackle Football (<i>returning Mustangs only</i>)

Checks returned to the association from the bank for any reason are subject to a returned check fee of \$45.00

By My/Our signature below I/We attest that I/We have read, understand and agree to this contract in its entirety, and hereby grant my authorization to participate and consent to emergency medical treatment of said minor.

Father/GuardianDateMother/GuardianDate