Date Paid_____
Amount Pd _____
Cash/Check#_____

VIRGINIA BEACH MUSTANGS ***Sports Club***

AAU Spring Tackle Football

(2019) Participant Contract

PLEASE PRINT

_____

Child's Last Name First Name Middle

_____

E-Mail Address

_____

Street Address City/State Zip

_____ _____ _____ Male / Female

Phone Number Child's Age Child's Date of Birth

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)

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 (*returning Mustangs only***)**

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/Guardian Date Mother/Guardian Date