

REGISTRATION FORM

DEADLINE: March 5, 2010

Registrations are non-refundable and will be accepted on a first come, first-served basis.

REGISTRATION FORM
\$40 per player (max. 5/team)
(Includes reversible jersey)

Payments should be cash or check. Please make all checks payable to:

The Ascent School for Autism
c/o Marissa Resnick
2 Otsego Place
Jericho, NY 11753

*Please make sure the following forms are filled out and mailed along with your payment.

Team Name:

Name:	Name:
Age/Grade:	Age/Grade:
Address:	Address:
City/State/ZIP:	City/State/ZIP:
Phone:	Phone:
E-mail:	E-mail:

Name:	Name:
Age/Grade:	Age/Grade:
Address:	Address:
City/State/ZIP:	City/State/ZIP:
Phone:	Phone:
E-mail:	E-mail:

Name:	
Age/Grade:	
Address:	
City/State/ZIP:	
Phone:	
E-mail:	

AUTHORIZATION/WAIVER AND CONSENT OF PARENT(S) OR LEGAL GUARDIAN(S)

Parent(s)/Legal Guardian(s)/Player (if over 18):

Name: _____

Address: _____

Home phone: _____ Cell phone: _____

I grant my authorization and consent for **Jennifer Keane, MS, ATC/L** to administer general first aid treatment for any minor injuries or illnesses experienced by my son/daughter/self. If the injury or illness is life threatening or in need of emergency treatment, I authorize the Supervising Adult to summon any and all professional emergency personnel to attend, transport, and treat the participant and to issue consent for any X-ray, anesthetic, blood transfusion, medication, or other medical diagnosis, treatment, or hospital care deemed advisable by, and to be rendered under the general supervision of, any licensed doctor, hospital, or other medical professional or institution duly licensed to practice in the state in which such treatment is to occur. It is understood that this authorization is given in advance of any such medical treatment, but is given to provide authority and power on the part of the Supervising Adult in the exercise of his or her best judgment upon the advice of any such medical or emergency personnel.

In consideration for your allowing me to participate, I, for myself, my heirs, executors, administrators and assigns, waive and release any and all claims for damages, death, personal injury or loss of property which I may accrue to me as a result of my participation. I, the undersigned, discharge and release all volunteers, members of the Alley Oop For Autism committee, Ascent School, staff and its' Board of Directors and enrolled school families, Jericho High School and the residing school district, all athletic participants, providers of first aid, and all other sponsoring organizations and their respective agents, Boards, commissions and any other involved municipalities and employees and representatives of the foregoing, from any and all liability arising out of or connected in any way with my participation in this event whether or not caused by the negligence of any of the above parties.

My participation is voluntary and done at my own risk. I voluntarily assume all risk of loss, damage or injury that may be sustained while participating in this event. I understand and recognize that the event may be physically demanding. I understand and agree that medical or other services rendered to me by or at the insistence of any of the above parties are not an admission of liability to provide or continue to provide such services and are not a waiver by any of the said parties of any right hereunder.

I agree to assume these risks and to release and hold harmless all of the persons mentioned above who might otherwise be liable to me for damages. I attest that I have read and understand everything written above and I voluntarily agree.

Signed on ____/____/2010

Parent/Guardian/Player(if over 18) Signature/)

***** EVERY PLAYER (or parent if under 18) MUST COMPLETE BOTH FORMS TO PARTICIPATE! *****