



## KINECT PROGRAM PLAYER INFORMATION SHEET

### PLAYER'S INFORMATION

Player's Name: \_\_\_\_\_

Date of Birth (mm/dd/yy): \_\_\_\_\_ Age: \_\_\_\_\_  MALE  FEMALE

Does player provide own transportation?  YES  NO

### PARENT/GUARDIAN INFORMATION (IF PLAYER IS UNDER AGE 18):

Parent #1 Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone:(\_\_\_\_\_) \_\_\_\_\_ Cell Phone:(\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Parent # 2 Name: \_\_\_\_\_

Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone:(\_\_\_\_\_) \_\_\_\_\_ Cell Phone:(\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION:

Emergency Contact Name: \_\_\_\_\_

Home Phone:(\_\_\_\_\_) \_\_\_\_\_ Cell Phone:(\_\_\_\_\_) \_\_\_\_\_

Doctor: \_\_\_\_\_ Doctor's Office Phone: (\_\_\_\_\_) \_\_\_\_\_

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IMPORTANT QUESTIONS ABOUT PLAYER:

- 1) Does player take any medications?  YES  NO If YES, please list all medications.  
NOTE: STAFF WILL NOT ADMINISTER ANY MEDICATIONS.

MEDICATIONS:

- 2) Does player have any medical conditions that will need special attention by our staff?  
 YES  NO If YES, please list details.

MEDICAL CONDITIONS:

- 3) Does player have any dietary needs or allergies?  YES  NO If YES, please list details.

DIETARY NEEDS/ALLERGIES:

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PERMISSION AND LIABILITY WAIVER:

I/my child, \_\_\_\_\_, have/has permission to fully participate in AAAP/HANDS Kinect Sports League 2019. I, or as a parent/legal guardian, do hereby grant AAAP/HANDS and designated adults the right to authorize emergency medical treatment for myself or my child in the event that I or designated representative cannot be reached. I agree to hold harmless AAAP/HANDS (staff and/or volunteers), Valleydale Church, and Veteran's Park. Staff members will not administer medications to me/my child during games and if I/my child needs medication, it is my responsibility to take it/give it to him/her, I understand that AAAP/HANDS (staff or volunteers), Valleydale Church and Veteran's Park staff will not be responsible for anything that may happen as a result of false information or information not provided by myself/parent.

Enrollment for yourself/child in AAAP/HANDS Kinect Kickball constitutes agreement to this waiver. I have read and understand all policy and procedural information.

PLAYER'S SIGNATURE \_\_\_\_\_

PRINT PLAYER'S NAME: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE (IF UNDER 18): \_\_\_\_\_

PRINT PARENT/GUARDIAN NAME: \_\_\_\_\_

DATE OF APPLICATION: \_\_\_\_\_