



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: (_____) _____

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:

PERMISSION AND LIABILITY WAIVER:

I/my child, _____, have/has permission to fully participate in AAAP/HANDS Kinect Sports League 2023 . 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), Southcrest Baptist 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), Southcrest Baptist 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: _____