

ZHAA – SPRING 2012

FAMILY FORM - One form must be completed and signed by the parent/guardian for family.

Family Name (Last): _____	Number of Players: _____
Primary Email: _____	Primary Phone: _____

VOLUNTEER

(TO BE COMPLETED BY ZHAA AT TIME OF REGISTRATION)

The success of ZHAA is directly tied to the generosity of parents and organizations who kindly give their time and skills. All Families are required to volunteer a **minimum of 2-hours** to the Association from September 1st - July 31st. A \$50 volunteer deposit check will be required at registration; this check will be destroyed or returned uncashed upon completion of the 2-hour volunteer requirement. **THANK YOU FOR YOUR HELP.**

Please indicate your **occupation below (e.g. electrician, plumber, accountant)** which will allow the Association to identify resources if needed:

FUNDRAISER

Each family must purchase a \$40 Fundraiser, Raffle tickets. Purchase additional raffle tickets at half the price, sell them at full price, and keep the difference to recoup registration fees (not to exceed the cost to participate). Winning numbers will be drawn publically during the opening week of games and posted at the concession stands and on www.zhaa.org.

\$40 FUNDRAISER	Number of Items		Subtotal
Raffle (\$10/ticket)		X \$10	
		TOTAL (\$40-minimum)	
Raffle Ticket Numbers			Initials

PARTICIPATING TERMS AND CONDITIONS

By accepting I / we, the parent(s) / guardian(s) of (children): _____

1. Endorse my/our child's participation in the Zelienville-Harmony Athletic Association (ZHAA) program. I understand the primary objective of this program is to provide training and guidance for the children of our community. All participants, coaches, parents and spectators are to abide by the ZHAA Code of Conduct (as published) at all times during the season.
2. Agree to return any equipment provided by the ZHAA to my/our child for use during ZHAA-related activities and to return such items in as good of a condition as they were when issued to my/our child. Participant(s) may keep t-shirts, hats and/or visors.
3. Agree to release, absolve, indemnify and hold harmless the Zelienville Community Park Association, the Seneca Valley School District, the ZHAA, its sponsors, officers, managers and coaches in case of injury to my/our child during these activities and when being transported to/from these activities. Transportation to and from ZHAA activities is at the expense, responsibility and liability of the participant.
4. Understand that the insurance carried by the ZHAA covers only the amount that is not provided by my/our insurance carrier.
5. Understand that elected officers, board of directors, appointed officers, commissioners, managers and coaches are all volunteers with the ZHAA and I/we will respect their time, privacy and judgment accordingly.
6. Give my/our consent for the ZHAA representative, coaches, or staff to procure emergency medical treatment for my/our child in case of a medical emergency. I understand that I am responsible for any medical charges incurred and that the ZHAA carries Liability Insurance and Secondary Medical Coverage only.
7. Understand that a Team Parent(s) may be required to represent each team to fulfill the assigned duties of a ZHAA Team. This person(s) must be appointed, and made identifiable as such, prior to the start of the first regularly scheduled season game. Failure to comply with this requirement may prevent your team from participating in its scheduled game(s) while in non-compliance with this requirement.
8. Agree to inform the manager (and coaches) of my/our child's team of any known medical condition(s) or allergies pertinent to my/our child and suggest our preferred course of action should it become necessary to respond while under the supervision of the manager (or coach) and supply an emergency phone number that will answer.
9. Are able to furnish, upon request by the ZHAA, a certified copy of the birth certificate of the above named child.

I/We have read and understand the above information. I/We agree to the terms and conditions listed above. I/We agree to abide by the above information and all rules, regulations, the Code of Conduct and the by-laws of the ZHAA.

Signature(s) _____ / _____ Date: _____

ZHAA USE	# Players	Total Registration Fees(\$)	Total Fundraising (\$)	Total Paid (\$)	Check #	Volunteer Deposit Check #