

AHSA

Albuquerque Home School Athletics Association

Registration

(Use a separate form for each child.)

Family Last Name _____

Player's First Name _____ MI _____ Last Name _____

Sport(s) _____

Grade _____ Age _____ Birthdate _____ Gender _____

Uniform Size (Circle One) Youth S M L Adult S M L XL XXL

Father/Guardian _____ Mother/Guardian _____

Employer _____ Employer _____

Home Phone _____ Home Phone _____

Work Phone _____ Work Phone _____

Cell Phone _____ Cell Phone _____

Email: _____ Primary email

_____ Secondary email (optional)

_____ Athlete's email (optional)

Address _____

Geographic Area: West Side Albuquerque Proper East Mountains Rio Rancho

Persons other than parent/legal guardian to be contacted in case of emergency. List two. Must be from local and separate households.

Emergency Contact: _____ Relationship _____

Home phone _____ Cell phone _____

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Home phone _____ Cell phone _____

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Medical and Emergency Care

Name: _____

Does your child have any on-going medical problems? No___ Yes___

Please specify and describe the problem(s): _____

In case of headache or minor discomfort, the coach has my permission to administer:

Regular strength Tylenol (acetaminophen) tablets to my child(ren) No___ Yes___

Regular strength Aleve (naproxen) tablets to my child(ren) No___ Yes___

Regular strength Advil (ibuprofen) tablets to my child(ren) No___ Yes___

Please Initial: _____

Insurance Coverage is required.

Insurance Company _____

Policy # _____ Patient ID # _____

Name of Policy Holder: _____

Preferred Hospital: _____

Physician: _____ Phone# _____

Allergies: _____

Additional health related notes: _____

Physician signed physical form: Optional, but strongly recommended by AHSA that athletes receive a physical sports examination each year by a qualified doctor. Please sign that you are aware of this recommendation and that you acknowledge it is the parents' responsibility to have the athlete examined by a medical doctor to determine whether participation in sports is permitted. **Please Initial:** _____

I, _____, parent/guardian of _____, do hereby give my permission for my child(ren) to attend and play in the practices and games of the teams for which I have registered, both in Albuquerque and games in other locations. I agree not to hold AHSA or any of the coaches or parents liable in the event of an accident during any part of a game or practice, including the transportation to and from the site. I also agree not to hold any facility liable in the event of an accident. In the event of an accident, I give the coaches permission to administer first aid and emergency medical care in accordance with my written instructions. I have read the above information and agree to these statements.

Parent/Guardian _____ Date _____

Parent/Guardian _____ Date _____