MILILANI COMMUNITY ATHLETIC ASSOCIATION

Program Registration Form

For Official Use Only
#
Age Group
Paid: Cash Check #:

PLAYER INFORMATION							
Last Name:	First Name	•			Phone:		
Address:	Birth Date:	/ /	mm/	dd/yy	Age:		
City: State: HI Zip code:	☐ Male ☐ Female				Grade:		
Player Shirt Size: YM YL AS AM AL AXL A2XL							
Players Height: FT IN Players Weight: LBS							
Father/Guardian:	Home #: Cell #:			Cell #:			
Mother/Guardian:	Home	#:	Cell #:				
E-mail 1:	Email 2:						
VOLUNTEER OPPORTUNITIES							
The Mililani Community Athletic Association welcomes volunteers to assist in our program. Please check the area(s) that you are willing to assist. Thank you.							
☐ Head Coach ☐ Assistant Coach	Aç	je Group:					
Referee (Clinic provided) Gym Monitor Other (specify):							
EMERGENCY AUTHORIZATION / RELEASE FORM							
minor, hereby authorize the coaches, assistant coaches or parents of team members acting in the capacity of the activity supervisor/vehicle driver, as my Agents, to consent to medical, surgical or dental examination and/or treatment. In case of an emergency, I hereby authorize treatment and/or care at any hospital. I hereby relieve the coaches and any/all representatives of the Mililani Community Athletic Association from any/all responsibilities and/or liabilities, during league activities and upon completion of any league practices, scrimmages, and/or games, etc.							
NO REFUNDS WILL BE GIVEN RETURNED CHECKS WILL BE ASSESSED ALL BANK FEES							
I have read and agree to abide by the "Parent's Code of Conduct" in order to participate in the Mililani Community Athletic Association.							
Parent/Guardian Name (Print)	Signature Date						
Allergies: Medications:							
Special Needs:							
Medical Insurance Carrier:		Plan #:					
Physician Name:	Р	Physician Phone #:					
Emergency Contact 1:	Phone	Phone #: Rela			nship:		
Emergency Contact 2:	Phone	Phone #:			Relationship:		