This non-school activity/publication is not sponsored or endorsed by the Richardson Independent School District.

2014-2015 SVAA Winter Basketball Registration



REGISTRATION

K-6th - Monday, November 10, 2014 7-12th - Monday, November 17, 2014
 Spring Valley Athletic Assoc.
 Phone: (972) 238-9728

 13650 TI Blvd. #209
 Fax: (972) 238-7465

 Dallas, TX 75243
 Office Hours: M-F 10-3

Uniform Policy: An SVAA team jersey is provided to each player. No jewelry can be worn during games.

O Boy O Girl Current Grade Play up to next grade (only if applicable) Age Birth date: Month/Day/Year																													
Player	Player's Last Name Player's Fi														's Fir	rst Name													
Addres	Address																												
												A A A A A A A A A A A A A A A A A A A							Apt #										
City	City Zip Home Phone (with														area	irea code)													
Email A	mail Address																OFFICE USE ONLY												
School	chool Presently Attending																O 110 O 130 O 140												
Name	lame of RISD School Closest to Home																O MO O CASH O LF												
Parent	Parent Daytime #																												
Parent	Parent Daytime #																CK# I												
	Donation to Scholarships: O \$10 O \$25 O \$50 O \$100 Comments or Requests																			<u> </u>									

The undersigned parent, guardian or managing conservator of the minor child named above (hereinafter "Player"), realizing the Spring Valley Athletic Association (hereinafter "SVAA") is a nonprofit corporation and that SVAA's athletic programs are supervised by volunteers, hereby consents, agrees and binds himself, his heirs and assigns to the following regarding Player's participation in SVAA activities: 1) In consideration of the benefits derived by Player's participation in said programs, I hereby consent, approve, covenant and agree to indemnify and save harmless SVAA, its agents, servants, representatives, officers, coaches and managers from and against all actions or causes of action, claims, demands, liabilities, loss, damage or expense of whatever kind or nature which may be sustained or incurred by virtue of injury or damage to me or Player resulting or growing out of participation in any sports program of SVAA, INCLUDING WITHOUT LIMITATION ANY CAUSE OF ACTION SOUNDING IN NEGLIGENCE OR ANY TORT; 2) I understand that I must give SVAA a completed and signed registration form before Player is eligible to receive a uniform or participate in the 2014/15 Basketball program; 3) I FURTHER UNDERSTAND THAT PARTICIPATION BY PLAYER IN THIS SVAA ACTIVITY CREATES POTENTIAL RISK OF INJURY AND I AGREE THAT I WILL PROVIDE AT MY OWN EXPENSE ANY INSURANCE I DEEM NECESSARY TO COVER PLAYER AND OURSELVES FOR ANY SVAA RELATED ACTIVITY. In the event I cannot be reached during a medical emergency, I give my consent for medical treatment by a healthcare professional to preserve the life and well being of Player. 4) I agree that if my son/daughter has a physical or medical condition that may affect their ability to participate fully in this sports program, I will advise SVAA at the time of registration. 5) I represent that the information on this registration form is true and correct. I recognize that providing false or misleading information may result in Player not being permitted to participate in any SVAA sport season. (Revis

X

Parent, Guardian or Managing Conservator's Signature

Player's Signature