

TRI-STATE ATHLETIC CLUB 2005 MEMBERSHIP FORM

YOUR TSAC MEMBERSHIP IS VALID FOR ONE YEAR FROM INITIAL SEASON
COMPLETE AND RETURN THIS SHEET, ONE SHEET PER CHILD, WITH A CHECK OR MONEY ORDER FOR
\$150.00 THE FIRST FAMILY MEMBER + \$40 FOR EACH ADDITIONAL CHILD
PAYABLE TO TRI-STATE ATHLETIC CLUB. MAIL THE FORM AND CHECK TO:

JASON LEA
TRI-STATE ATHLETIC CLUB
340 6th Ave. Apt. 8
HTUNTINGTON, WV 25701

PLEASE RETURN A COPY OF PROOF OF BIRTH AND A SMALL PICTURE OF THE ATHLETE(S) WITH
YOUR REGISTRATION.

PLEASE PRINT NEATLY!!!!!!!!!!!!!!

ATHLETE NAME _____ AGE _____ MALE / FEMALE

MAILING ADDRESS _____ BIRTHDATE _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ SCHOOL _____ GRADUATION YEAR _____

E-MAIL ADDRESS _____

EMERGENCY INFORMATION

LIST MEDICAL CONDITIONS/ALLERGIES _____

PRIMARY PHYSICIAN NAME _____ PHONE# _____

MEDICAL INSURANCE PROVIDER _____ POLICY# _____

MOTHER/GUARDIAN NAME _____ HOME PHONE _____

WORK PHONE _____ CELL PHONE _____ PAGER _____

FATHER/GUARDIAN NAME _____ HOME PHONE _____

WORK PHONE _____ CELL PHONE _____ PAGER _____

UNIFORM INFORMATION

SINGLET (PLEASE CIRCLE) YOUTH / ADULT S M L XL XXL

SHORTS (PLEASE CIRCLE) YOUTH / ADULT SHORTS / BRIEFS (HS GIRLS ONLY) S M L XL XXL

IN CONSIDERATION OF THE PERMISSION GRANTED TO THE BELOW NAMED ATHLETE BY TRI-STATE ATHLETIC CLUB (TSAC) TO PARTICIPATE IN ANY OF IT'S PROGRAMS, I RELEASE TSAC AND IT'S AGENTS FROM ALL ACTIONS, DAMAGES, CLAIMS OR DEMANDS WHICH I, MY HEIRS, EXECUTORS, ADMINISTRATORS OR ASSIGNS MAY HAVE AGAINST TSAC FOR ALL INJURIES KNOWN OR UNKNOWN WHICH THE BELOW NAMED ATHLETE MAY INCUR BY PARTICIPATING IN TSAC PROGRAMS. I ALSO AGREE TO RELEASE AND HOLD HARMLESS TSAC FOR ANY SUSTAINED DAMAGES. I ALSO STATE THAT THE BELOW NAMED ATHLETE HAS BEEN APPROVED BY A LICENSED MEDICAL PHYSICIAN TO PARTICIPATE IN ANY OF TSAC'S PROGRAMS.

I AUTHORIZE ANY MEDICAL EXAM, IMAGING, ANESTHETIC, MEDICAL OR SURGICAL TREATMENT, HOSPITAL CARE OR EMERGENCY PROCEDURES, INCLUDING LIFE SAVING MEASURES, TO BE RENDERED TO THE BELOW NAMED ATHLETE WHEN NECESSARY.

ATHLETE NAME _____ ATHLETE SIGNATURE _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____