

VIRGINIA BEACH MUSTANGS SPORTS CLUB

2020 Participant Contract - AAU Spring Tackle Football PLEASE PRINT LEGIBLY

Date Paid _____
Amount Paid _____
Cash/Check # _____

Participant Child - Last Name First Name Middle Name

Street Address City/State Zip

Phone Number E-Mail Address

Child's Age Child's Date of Birth Male or Female

Years in Tackle Football: _____

Does the participant have a CURRENT YEAR AAU ID CARD? Yes or No
If Yes, Athlete ID # _____ and attach a copy of current year AAU ID card.
If No, go to www.aausports.org to join, re-order or re-print AAU cards.
Proof of AAU current membership is required upon registration.

I/We the parent/guardians of the above named participant for a position on any of the Virginia Beach Mustangs AAU teams, hereby give My/Our permission for his/her participation in any and all Virginia Beach Mustangs AAU activities. I/We assume all risks and hazards incidental to such participation including transportation to and from such activities, and I/We do hereby waive release, absolve, indemnity and agree to hold harmless the Virginia Beach Mustangs Sports Club, the sponsors, supervisors, participants, volunteers and person(s) transporting My/Our child to and from activities for any claim arising out of injury to My/Our child.

CONDUCT:

Any issues parents/guardians may have, shall be addressed either before or after practices or games. During practices/games your child's coach is in charge. Please refrain from interfering with his/her job.
Violators may be banned from practices and games.

NON-REFUNDABLE REGISTRATION FEE:

The registration fee is non-refundable.

Checks should be made payable to: VBMSC

Registration fees are: \$75.00 AAU Spring Tackle Football
\$50.00 AAU Spring Tackle Football (returning Mustangs only)

Checks returned to the association from the bank for any reason are subject to a returned check fee of \$45.00

By My/Our signature below I/We attest that I/We have read, understand and agree to this contract in its entirety, and hereby grant my authorization for the said child to participate and I/We consent to emergency medical treatment of said minor.

Father/Guardian Signature

Date

Mother/Guardian Signature

Date