



**New Player Registration Form**  
**HSJPSA/USO Athletics – Spring 2014**  
**\$178 – SEE BREAKDOWN BELOW**  
**(Non-refundable deposit of \$100 required at registration)**

**PLEASE MAKE CHECKS PAYABLE TO USO ATHLETICS**

Player's Legal Name		Last	First	Nickname if any		
Street Address				City	Zip Code	
Home Phone	Date of Birth		School Attending		Grade Level	
(Parent / Guardian Name)	Last	First	Cell Phone	Work Phone	Email	
(Parent / Guardian Name)	Last	First	Cell Phone	Work Phone	Email	
(In Case of Emergency)	Physician's Name			Phone	Medical Facility	
Emergency Contact Name #1			Phone	Phone	Relationship	
Emergency Contact Name #2			Phone	Phone	Relationship	
Medical Insurance Carrier Name: HMSA KAISER QUEST MILITARY/TRICARE			Group No.	Subscriber No.	Subscriber Name	

**\*\*A COPY OF A CURRENT SPORT'S PHYSICAL AND SCHOOL ID CARD IS MANDATORY\*\***

<input type="checkbox"/> \$88	Practice Jersey, Pacifier Mouthpiece, Games Socks & Fees
<input type="checkbox"/> \$90	Player ID Card, Insurance, Game Jersey (with player name, customized, fully sublimated micro-bond jersey) & Black Integrated Game Pants
<input type="checkbox"/> \$0	NO Equipment Fees – player may bring own equipment. <ul style="list-style-type: none"> <li>• <i>NOTE: NO CHARGE for use of shoulder pads &amp; 7-piece pads which are available on a first come, first served basis. *Returning players receive priority*</i></li> <li>• <i>Player provides own black practice pants &amp; football cleats.</i></li> </ul>
<input type="checkbox"/>	New Helmets may be purchased factory direct from USO Athletics. Please inquire for Riddell and Schutt Pricing. Helmet Rental also available.

\_\_\_\_\_  
Print Parent/Guardian Name

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Today's Date



## PLAYER CONTRACT

I do hereby agree to abide by the USO Athletics/Kapolei Islanderz Players Code of Conduct as well as to the discretionary authority given all authorized coaches in the program. Failure to follow the code or coaches instructions will be deemed grounds for disciplinary actions and/or dismissal from the team.

1. I will respect all coaches at all times, calling them Coach or Mr. "Last Name".
2. **I will work hard in school. I will turn in weekly school accountability reports as required. This USO Athletics/Kapolei Islanderz form will be filled out by my teacher.**
3. I will respect and obey my parents/guardians.
4. I will respect referees and opponent players and coaches at all times.
5. I will have sportsmanship as my number one priority in all games and practices.
6. If I have an unsportsmanlike event, it will result in my immediate removal from the game and one game suspension. If I have an unsportsmanlike event that is a result of poor interaction with a referee, it will result in my season long suspension.
7. I will not use profanity or gang talk. Nor wear gang clothing or clothing with inappropriate comments or suggestions.
8. I will encourage my teammates in a positive way, regardless of the circumstances.
9. I will attend all scheduled practices and games. If unable to do so, I will contact my coach beforehand. If I have an unexcused absence, it will result in loss of playing time.
10. **If I have two unexcused absences, it will result in suspension from the next game.** If I have multiple excused absences, it will result in loss of playing time.
11. I will respect, protect and maintain my equipment. I will never throw or purposely drop my helmet.
12. I will return all equipment (not owned by me) at seasons end or immediately upon dismissal from the team. Failure to do so will result in \$5 per day fee plus the cost to replace equipment (\$250) as well as legal and collections costs assessed to my guardian and me.
13. I will conduct myself in a way that presents a positive image of the USO Athletics/Kapolei Islanderz Football Program and myself on and off the field.

Agreed Player's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# THE SPECTATOR CONTRACT

Our program is bigger than any one player, coach or spectator. As a USO Athletics/Kapolei Islanderz Spectator, we require the following:

1. Encourage members of both teams and keep all comments positive.
2. Honor the Game.
3. Only certified players and certified coaches are allowed on the field, no exceptions.
4. Leave the coaching to the coaches. If you have suggestions or would like to coach please volunteer so you can attend the mandatory coaching clinic and concussion management awareness program, pass the background check, and sign the coaches' contract.
5. Criticizing the officials, coaches, opponents or fans will not be tolerated at all. Same goes for abusive language or cursing. This is youth sports, everyone makes mistakes.
6. Be supportive, **creating unnecessary drama or stirring controversy is grounds for dismissal from the program.**
7. Do not beg or suggest calls to the referees.
8. Playing time and positions are at the discretion of the coaches and is determined by what is best for the player and team. Football is a team sport and every position is of equal value. Each player will be guaranteed playing time in every game if he attends all practices that week.
9. You are responsible for all family members and friends attending the games to watch your child.
10. No open alcoholic beverages or tobacco products on the fields or parking areas during games.
11. Help make this a positive and fun experience for all.
12. Report any violations to the head coach or team owners. Get involved.
13. Volunteer to help with chain gang and down marker duties at home games, assist with field set-up and breakdown, volunteer for the concession stand, donate basic essentials such as ice, oranges and bananas, drinks, snacks, etc.

## Policy Enforcement:

1. Individuals will be given one verbal warning for inappropriate activity.
2. Individuals that continue will be asked to leave the fields and the player will be removed from the game until the spectator has left.
3. Other sanctions as deemed necessary by the team owners or head coach may be enforced, including game suspension and/or a permanent ban for the season.

## THIS MUST BE SIGNED AS A CONDITION OF YOUR CHILDS PARTICIPATION

Agreed Guardian/Parent: \_\_\_\_\_ Date: \_\_\_\_\_



## AUTHORIZATION FORM

I/we, the parents/guardians of \_\_\_\_\_ a candidate for a position on USO Athletics Kapolei Islanderz Team, hereby give my/our approval to his/her participation in any and all USO Athletic Club activities during the current season. I/We, assume all risks and hazards incidental to such participation, including transportation to and from the activities, and I/we, do hereby waive, release, absolve, indemnify and agree to hold harmless, the local team, the respective association and conference, the organizers, sponsors, supervisors, participants, coaches and persons of the Hawaii State Jr. Prep Football Association and USO Athletics while transporting my/our child to and from activities, or for any claim arising out of injury to my/our child.

### EMERGENCY MEDICAL RELEASE

In the event of injury or illness to my/our child, mentioned above, I/we hereby grant authority to a qualified physician to render such medical treatment as said physician deems necessary under the circumstances.

USO Athletics has Group Accidental Insurance Coverage for medical and hospital expenses, with a given deductible of \$250 for each accident incurred. **The Insurance is considered a secondary coverage, when there is any other valid and collectible coverage provided by the parents separate insurance.** Maximum coverage is provided for any one accident with a given maximum dental coverage for sound, natural teeth. In executing the foregoing release, I/we, the undersigned hereby acknowledge and represent that:

- a. I/we, understand that any claim for medical service which arises out of injury must be reported to the *team owner within 24-hours of the date of injury.*
- b. I/we, have read the foregoing release and understand it, and sign it voluntarily. I/We understand that any registration fee or other sums paid does not constitute a direct premium payment for insurance.

\_\_\_\_\_  
Print Parent / Guardian Name

\_\_\_\_\_  
Signature of Parent / Guardian

\_\_\_\_\_  
Date



## WAIVER AND ASSUMPTION OF RISKS AGREEMENT

**Waiver:** In consideration of being permitted to participate in any way in Flag / Tackle Football practices, games and other related activities, including fundraising events and travel, during the current season, hereinafter called "The Activity", I, for myself, my children, my wards, my heirs, personal representatives or assigns, **do hereby release, waive discharge, and covenant not to sue** USO Athletics, Kapolei Islanderz, the Hawaii State Jr. Prep Sports Association, The City and County of Honolulu, and any of its affiliates or its officers, employees, and agents (The Organization) from/for liability **from any and all claims including the negligence of The Organization**, resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to participation in the Activity.

**Assumption of Risks:** Participation in The Activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. It is clearly understood my child / ward / dependent will be participating in The Activity with children who may be older than him. It is also clearly understood that my child / ward / dependent, if playing tackle football or flag football, may be playing with children who could be as much as three (3) years and eleven (11) months older than him/her. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions to 3) catastrophic injuries including paralysis and death. I have read the previous paragraphs and I know, understand and appreciate these and other risks that are inherent in The Activity. I hereby assert that my participation and that of my child / ward / dependent is voluntary and that I knowingly assume all such risks.

**Indemnification and Hold Harmless:** I also agree to INDEMNIFY AND HOLD The Organization HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement in 'The Activity' and to reimburse them for any such expenses incurred.

**Severability:** The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of Hawaii and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue as full legal force and effect.

**Acknowledgement of Understanding:** I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and **understand that I am giving up substantial rights, including my right and the right of my child / ward / dependent to sue.** I acknowledge that I am signing the agreement freely and voluntarily, that I am the legal guardian of this child and have the legal power to sign this and **intend by my signature to be a complete and unconditional release of all liability** to the greatest extent allowed by law.

**Print Parent / Guardian Name:** \_\_\_\_\_

**Signature of Parent / Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_