



INSTRUCTIONS:

PLEASE COMPLETE FOLLOWING:

DUE DATE FOR REGISTRATION: July 17, 2010

TEAM FEE: \$500 (Early) | \$550 (Late)

- EACH PLAYER SIGNED WAIVER FORM.
(Players under 18, MUST have parents consent, and signature.)
- ALL PLAYERS MUST BE A FASAMi MEMBER. A MEMBERSHIP FORM FOR EACH MUST BE ACCOMPANIED WITH FOLDER.
- TEAM ROSTER WITH COMPLETE INFORMATION.
- ALL PLAYERS MUST SUBMIT CODE OF CONDUCT AND SPORTSMANSHIP HONOR.

ADDITIONAL INFORMATION:

MAXIMUM OF 12 PLAYERS PER TEAM.

PLAYER MUST BE 15 YEARS OF AGE BY August 7, 2010.

A PLAYER CAN ONLY PLAY IN ONE TEAM.

PRACTICE FEES NOT INCLUDED IN REGISTRATION. (Teams setup their own practices.)

FASAMi LOGO MUST BE VISIBLE ON UNIFORM.

****Acceptable FASAMi.****

Please turn in complete folder to Coordinator, Alan Sabal. If you need more information or have questions regarding the league please contact Alan, at amsabalpt@aol.com.



Participant Name _____ (Please Print.)

*****Uwo o gt Hcm'4232

Waiver of Liability and Assumption of Risk Agreement

In consideration of being permitted to participate in any way in Uwo o gt Hcm'4232 . Hereinafter called "Activity", I, for myself, my heirs, personal representatives or assigns, do hereby release, waive, discharge, and covenant not to sue the Filipino American Sports Association of Michigan, its officers, employees, agents servants and members, from liability from any and all claims resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in Activity.

Signature of Parent of Minor Date

Signature of Participant Date

Assumption of Risks: Participation in Activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains to 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 Activity I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

Acknowledgment 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 to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Signature of Parent of Minor Date

Signature of Participant Date

Participant's Birth date (if minor) _____



Volleyball Summer/Fall 2010 Team Registration

By turning this form in, the individuals named agree to the Rules of the Sports.

TEAM NAME: _____

COACH: _____ PHONE: _____

TEAM LEADER: _____ PHONE: _____

	Player Name	No.	Phone Number	E-mail (Optional)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				



Code of Conduct

FASAMi rules shall be strictly enforced.

The term "individual" includes the following principles; sponsors, coaches, players and spectators. The term "official" includes: referee, sport directors and its Officers. The team is responsible for the conduct of its individuals. Misconduct may result in penalizing an individual and the team.

The individual may not...

- At any time lay a hand upon, shove, strike or threaten to strike an official or any individual.
- Be guilty of objectionable demonstration of dissent by throwing any objects, and or use forceful action.
- Discuss with an official, in any manner, the decision reached by such official except the coach, captain and or team leader.
- Use profane, obscene or vulgar language in any manner, at any time, on or off the playing field.
- Appear on the playing field (location) at any time in an intoxicated condition or under the influence of any other type of drug which will violate the individual's safety or the safety of others.
- No Coach, Team Leader or Player Shall: Drink alcoholic beverage during the league of its games and tournaments.
- Be guilty of damaging, destroying or stealing possessions of any kind.
- Be guilty of any display of unsportsmanlike conduct.
- Be guilty of using needless rough tactics in the play of the games.
- Be guilty of a physical attack as an aggressor upon any individual or official.
- Be guilty of verbal abusive upon any official or individual.

The penalty shall be determined by the infraction; each situation is different and will be appropriately handled accordingly. Penalties issued may be a warning from the official, suspension of the team for the remainder of the season and/or monetary fines. Certain penalties such as warnings and ejections from the game are enforced by the officials of the game and any decisions made by any such officials will be adhered to by the Directors.

-----Return bottom portion to Team Leader.-----

As a player, I understand that I must follow these rules to stay in good standing for the FASAMi organization, and the FASAMi Code of Conduct.

- Respect the game, play fairly and follow its rules and regulations.
- Show respect for authority to the officials of the game and of the league.
- Demonstrate good sportsmanship before, during and after games.
- Help parents and fans understand the league philosophy so they can watch and enjoy the game.
- Show courteous to opposing teams and treat all players and coaches with respect.
- Show modesty when successful and be gracious in defeat.
- Respect the privilege of the use of public facilities.
- Refrain from the use of drugs, tobacco, alcohol and abusive language.

Name _____ Signature _____ Date _____



One Year Membership

Membership is for immediate family members only. Extended family should submit their membership form.

First and Last Name _____

- I (we) currently a Member.
 I (we) would like to become a Member. (Fill in information below.)

Address _____

City _____

Phone No. _____ Email _____

Spouse _____

Child _____

Child _____

Child _____

Child _____

_____ Individual \$5.00

_____ Family \$8.00

If you have any questions regarding membership, please contact our Membership Director, Karen Arriola.

-----Do not write below this line.-----

Received (Initial) _____

_____ Cash

_____ Check No.

Renewal Date

_____ Jan 10

_____ Aug 10